|  |  |  |  |
| --- | --- | --- | --- |
| Name of Young Person:(if Family/Group – give last name or provision/group name) |  | DOB |  |
|  | **AGE** |  |
| Please describe which service/provision or activity you are referring the individual, family or group for: |
| Name of referrer |  | Role/Relationship to the referred |  |
| Email |  | Phone |  | Mobile |  |
| Address |  |
|  |
| Parent/Carer or Guardian name(s) |  | Address |  |
| Email |  | Phone |  | Mobile |  |
| Parent/Carer or Guardian name(s) |  | Address |  |  |  |
| Email |  | Phone |  | Mobile |  |
| GP Details(where applicable) |  | Phone |  |
| ABOUT THE CHILD, YOUNG PERSON, FAMILY OR GROUP REFERREDPlease outline the reasons for referral to Elysian. We would like to hear about the background, the positives, the challenges, any ‘need to know’ to work with the person or people referred.  |
|  |
| If you were to outline the outcomes for the individual/group you have referred in three separate goals for them at Elysian, what would they be? | 1.)2.)3.) |
| Please can you outline anyknown risks |  |
| What professionals are involved (if applicable), for example Children’s Services, CAMHSIf so, please provide details(contact details and current involvement/intervention, e.g. CIN/CP etc) |  |
| Please can you outline any medical needs, includingcurrent medication, allergiesor significant medical historywe need to be aware of? |  |
| Is there anything else thatwe should know? |  |
| Please send any queries and/or completed form to refer@elysianuk.org |