|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Young Person: | |  | | | | DOB |  |
| Please delete or highlight to indicate which service you are referring for ( Put an X or number next to the service as relevant – if not sure state this next to service: | | | | | | **AGE** |  |
| Elysian Education Provision (currently Guildford only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Education Other Than At School Placement (EOTAS) (1-4 days) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Therapeutic Work Experience (TWE) (2 hour sessions) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many per week\_\_\_\_\_\_\_\_\_\_\_\_  Other (e.g. weekend therapeutic sessions or therapy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Which site are you referring for: Guildford (Surrey) \_\_\_\_\_\_\_\_ Liss (Hampshire) \_\_\_\_\_\_\_\_\_\_\_  Please attach EHCP and relevant assessments in all referrals where possible. | | | | | | | |
| Name of referrer |  | | Role/Relationship to Young Person | |  | | |
| Email |  | | Phone |  | | Mobile |  |
| Address |  | | | | | | |
|  | | | | | | | |
| Parent/Carer name(s) |  | Address |  | | | | |
| Email |  | Phone |  | | | Mobile |  |
| Parent/Carer name(s) |  | Address |  | | |  |  |
| Email |  | Phone |  | | | Mobile |  |
| GP Details |  | | | | | Phone |  |
| ABOUT THE CHILD OR YOUNG PERSON  Please outline the reasons for referral to Elysian. We would like to hear about the background, the positives, the likes and dislikes, the particular needs and any current challenges, and what the child or young person is currently accessing. | | | | | | | |
|  | | | | | | | |
| If you were to outline the outcomes you, the family and the child/young person are hoping for in three separate goals for them at Elysian, what would they be? | | 1.)  2.)  3.) | | | | | |
| Please can you outline any  known risks | |  | | | | | |
| What professionals or services is your young person working with, for example Children’s Services, CAMHS  If so, please provide details  (contact details and current involvement/  intervention, e.g. CIN/CP etc) | |  | | | | | |
| Please can you outline any  medical needs, including  current medication, allergies  or significant medical history  we need to be aware of | |  | | | | | |
| Is there anything else that  we should know? | |  | | | | | |
| Please complete and send to [refer@elysianuk.org](mailto:refer@elysianuk.org) If you have any queries or questions you can also call the office on 07944 875155. | | | | | | | |