**A picture containing logo

Description automatically generatedReferral form for Elysian 2023**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Child/Young Person | |  | | | | DOB and Age | | |  | |
| Which Service are you referring for (Choose from list and specify in box below)   * Education Provision * EOTAS Provision (Please specify number of days uer week) * TWE Sessions (Please specify number of sessions per week) * Therapy (50min weekly sessions ) * Therapeutic Animal Assisted Learning Sessions (50min sessions) * ‘Other’ | | | | | | | | | | |
| Service: | | | | | | | | | | |
| Which site are you referring to/preferred site? | | | | | Liss (Hamsphire) | |  | Shamley Green (Guiildford, Surrey) | |  |
| **Name and Contact details of referrer**  Please include title, address/work base, number and email | | | |  | | | | | | |
| **Name and Contact details of parents/carers.**  Please include full names, address(es)/home and mobile number(s) and email(s) | | | |  | | | | | | |
| **GP Details**  Please include Name, Practice details and number | | | |  | | | | | | |
| **About the Young Person:**  Please outline reason for the referral. We would like to know about the background the positives, their likes and their challenges, along with what support they are currently accessing: | | | | | | | | | | |
|  | | | | | | | | | | |
| **Please outline 3 Desired outcomes for this referral/intervention/individual** | | | 1)  2)  3) | | | | | | | |
| **Please outline the current risks** |  | | | | | | | | | |
| **Please outline any medical needs** |  | | | | | | | | | |
| **Who is the current team around this child or young person, what other professionals are they working with (if any)?** |  | | | | | | | | | |
| **Is there anything else we should know?** |  | | | | | | | | | |
| Please send to [refer@elysianuk.org](mailto:refer@elysianuk.org)  You should hear from us within 14 days of receipt | | | | | | | | | | |