**Referral form for Elysian 2023**

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| 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.orgYou should hear from us within 14 days of receipt |