



Defoe Road, Ipswich, IP1 6SG
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Outreach Service

*Referral form for swimming session – mainstream school pupils
to be completed by child's Physiotherapist/Occupational therapist.*

Name of child
Parent/carer name
and contact number.
Parents must be aware of
referral.

Address

Date of birth

Diagnosis / other
medical conditions

Does child need a
bed / hoist?

Yes / No (please circle)

Key objectives for
session

1

2

3

Movement abilities	Walks independently	Walks with walking aids	Manual wheelchair	Electric wheelchair
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Mainstream school
contact

Name

Contact details

Name of referrer and
contact details

Action taken

(To be completed by Thomas Wolsey staff)

Date received:

Action taken:

Please return the form to the Outreach Team, Thomas Wolsey School, Defoe Road, Ipswich IP1 6SG