



Defoe Road, Ipswich, IP1 6SG  
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## Outreach Service

*Referral form for pre-school swimming session*

Name of child  
Parent/carer name  
and contact number.

Address

Date of birth

Reason for referral /  
diagnosis

Key objectives for  
session

1
2
3

Contact  
physiotherapist:  
name, phone  
number or email

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***