

Referral Form

Form to be completed by Referral Agent and sent to address on page 4

Date of Referral: NHS Number

Client Details

Name Address

Date of Birth

Phone Number(s)

Tel:
Mob:
Email:

Male Female

Preferred Format Preferred Language

(eg Written, Braille, Large Print, Audio)

Interpreter Required? Yes/No (Details:)

Emergency Contacts

In the event of an incident on site, who should we contact in addition to client's mental health worker (eg family member, friend, housing support worker)?

First Contact Name Phone no(s)

Tel:
Mob:

Relationship to Individual

Address

Second Contact Name Phone no(s)

Tel:
Mob:

Relationship to Individual

Address

GP Contact

Contact Name Dr Phone no(s)

Tel:
Mob:

Surgery Address

Referral Information

Please describe the nature of the client's mental health issues including any diagnosis and how these impact on their lives.

Details:

What is the purpose of the referral placement at Bridewell?

How will the client travel to Bridewell?

Does the client have a Care Programme Approach assessment and care plan? YES/NO
Please attach a copy of the CPA care plan.

Does the client have an assessment of risk for the client? YES/NO
Please attach a current signed copy.

What do Bridewell staff need to know in order to manage the risks successfully?

Bridewell Organic Gardens provides a working day with programmed time for therapeutic activities and socialising. Would the client be unsuitable for this setting? For example are they erratic, dangerous, have challenging or inappropriate behaviour or need constant one-to-one support?

Does the client have a history of self-harm or suicidal behaviour? YES/NO

Does the client have a history of violence or abusive behaviour? YES/NO

Does the client have any criminal convictions? YES/NO

Does the client have a history of alcohol or drug misuse? YES/NO

Does the client take prescribed medication? YES/NO

(Clients with these issues will not necessarily be excluded from attending but the information will be used to help staff work with the clients more effectively).

Details:

Referral Agent Details

Name	<input type="text"/>	Job Title	<input type="text"/>
Organisation	<input type="text"/>	Address	<input type="text"/>
Phone Number(s)	<input type="text"/> Tel: Mob: Email:		

Confirmation of Details by Referral Agent

'I agree that the information on this form is correct'

Signature	<input type="text"/>	Date	<input type="text"/>
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Initial Visit Checklist (to be completed by Bridewell staff)

<input type="checkbox"/> Date/Time arranged	<input type="text"/>	Date:	<input type="text"/>	Time:	<input type="text"/>
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Please send your completed Referral Form to:

Liz Maughn
Bridewell Gardens
33A High Street
Witney
OX28 6HP

01993 864530 (office)
01993 868313 (garden)
info@bridewellgardens.org