



Referral Agent Form

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

Date of Referral

Care Cluster

BMI and date

SERVICE-USER DETAILS

Name

Address

NHS Number Date of Birth

Phone Number(s) Home: Work:

Interpreter Required? Yes/No Details:

EMERGENCY CONTACTS

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

First Contact Name Phone no(s)

Relationship to Individual

Address

GP CONTACT

Contact Name

Phone no(s)

Surgery Address

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REFERRAL INFORMATION

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

Details:

What are the service-user's recovery goals? Tick relevant box

Supporting details:

- Rebuilding routine and structured activity
- Rebuilding self-confidence and self-esteem
- Rebuilding motivation
- Rebuilding social skills and social confidence
- Rebuilding community involvement
- Returning to work
- Re-establishing valued roles

Does the service-user have a Care Programme Approach care plan and risk assessment?

YES/NO Please attach.

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

Does the service-user have a history of violence or abusive behaviour? YES / NO

Does the service-user have any criminal convictions? YES / NO

Does the service-user have a history of alcohol or substance misuse? YES / NO

Does the service-user take prescribed medication? YES / NO

If YES to any of the above, please provide details:

Bridewell Gardens provides a structured working day, programmed occupational activities and opportunities for social interaction.

Service-users need to have the capacity to work independently within a team.

Service-users need to have the capacity to engage with the recovery programme which includes participating in reviews, setting personal recovery goals, and engaging in social interaction.

Would the service-user be suitable for this setting?

Please supply any other information needed to work effectively with service-user.

Bridewell Gardens runs a daily pick-up minibus service to the garden departing Witney at 09:50.
How will service-user travel to Bridewell Gardens?

- Use Bridewell Gardens minibus
- Use own transport

REFERRAL AGENT DETAILS

Name Job Title

Organisation

Address

Phone Number(s)

Email

CONFIRMATION OF DETAILS BY REFERRAL AGENT

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

Signature: Date:

Please send completed form by post or secure email service such as switch.egress or CISCO.

**Claire Bellamy, Administrator
Bridewell Gardens
Windrush BIC
Windrush House, Witney
OX29 7DX**

**For further information
contact:
01993 848238 (office)
01993 868313 (garden)
info@bridewellgardens.org
www.bridewellgardens.org**

Bridewell Gardens (Registered Charity 1158456) is contracted to deliver the Oxfordshire Recovery Service for the Oxfordshire Clinical Commissioning Group in partnership with Restore (the lead partner) and Root and Branch. We take referrals from mental health professionals including those from organisations within the Oxfordshire Mental Health Partnership. The OMHP includes the Oxford Health NHS Foundation Trust, Restore (with Bridewell Gardens and Root and Branch), Connection Floating Support, Response, Oxfordshire Mind and Elmore Community Services.

Criteria for Referrals:

- Mental health diagnosis within Care Clusters 4-17
- Adult 18-65yrs
- Oxfordshire resident
- Service-users can only attend one of the three organisations within the Oxfordshire Recovery Service at any one time.
- Service-user **MUST** have a current Risk Assessment and, where appropriate, a Care Programme Approach (CPA) Care Plan