

Referral Form – for Professionals

Thank you for your interest in Green Health Thames Valley. This application requests information that will help us make your client's involvement in the project beneficial and safe.

Date of referral:

1. Person being referred

Name:	
Address:	
Email Address:	
Telephone:	Mobile:
Your reference:	

2. Referrer

Name:	Job Title:
Organisation and which team:	
Email Address:	
Telephone:	Mobile:
Are you the main contact for the person during their placement?	

3. Main contact for the person during their placement (if not referrer). This may be the next of kin or main carer.

Name:	Relationship:
Organisation, if any:	
Address:	
Email Address:	
Telephone:	Mobile:

4. Current situation and social circumstances. This helps us get a 'feel' for the client. Does the client live alone? What accommodation? Relationships with carer/family? Current level of functioning?

5. Nature of mental health problems. Diagnosis, significant medications, recent admissions to hospital. We need to know about self-harm behaviour and any ongoing risks of harm to self or others. **Please note, we cannot take clients who have active psychosis or who present a risk to others.**

6. Any known physical health problems? For example: allergies, back or mobility problems, epilepsy, asthma, heart conditions, diabetes etc.

7. Any learning or development difficulties/disabilities? This will guide the level at which we teach.

8. Any known substance misuse issues? If so what?

9. Is there anything else we need to know? Examples might be strong cultural or religious beliefs; anger triggers; criminal convictions (especially of violence).

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10. Preferred day / session of attendance.

	Morning 10-12	Afternoon 2-4
Tuesday		
Thursday		

I confirm that all details provided here are correct to the best of my knowledge.

Signed _____

Date _____

Data Protection

Information given on this form is personal data and is only used by Green Health Thames Valley to for the purposes of assessing client suitability for our project. If they join us data will be kept securely for as long as they are a client of ours. If they chose not to join us this information will be destroyed immediately. GHTV does not share any of its data.

Please email the completed form to:
info@greenhealththamesvalley.org.uk