

## Referral Form

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

**Green health Reading is health and well-being project.  
 We provide recreational learning in horticulture, teaching skills within a  
 'green' supported environment.**

Sessions take place at The Well Centre, Dawlish Road, Whitley RG2 7SD

Please email the completed form to: [admin@greenhealthreading.org](mailto:admin@greenhealthreading.org)

**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, major 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 engage.

**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).

**10. Preferred day / session of attendance.**

	Morning 10-12	Afternoon 2-4
<i>Monday</i>	<i>No service at present</i>	<i>No service at present</i>
Tuesday		
<i>Wednesday</i>	<i>No service at present</i>	<i>No service at present</i>
Thursday		
<i>Friday</i>	<i>No service at present</i>	<i>No service at present</i>

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

Signed \_\_\_\_\_

Date \_\_\_\_\_

If you have any questions on what happens on site, please email [sarak@greenhealthreading.org](mailto:sarak@greenhealthreading.org)