**Ecotherapy Programme Referral Form**

Forest Farm Peace Garden accepts referrals for people experiencing mild to moderate mental health needs, such as stress and anxiety, depression, isolation, long-term health conditions or low confidence and self-esteem. We assess a client's needs on a case-by-case basis in consultation with the client, referrer, family members and/or carers. The gardening activities are done in small groups. We do not have capacity to provide one-to-one support in the garden so if their needs are too high there may be the possibility to attend with a support worker or family member/friend.

Please provide **as much information as possible** when completing this form to help us assess how we can best support the person. Please **use type rather than hand-written** and return by password protected email or post.

**Client details**

| Name |  | | |
| --- | --- | --- | --- |
| Preferred pronouns | ☐ she/her ☐ he/him ☐ they/them ☐ other: | | |
| Date of Birth |  | | |
| Address |  | | |
| Contact Number |  | Email |  |

**Reason for referral**

| **What does the person themselves believe they can gain in terms of their Mental health?**  **What does the person themselves believe they can gain in terms of their Social health?**  **What does the person themselves believe they can gain in terms of their physical health?** |
| --- |

**Accessing the Ecotherapy sessions**

| **Which day of the week is this person currently available?**  ☐ Wednesdays ☐ Fridays  **From when is this person currently available?**  ☐ As soon as possible ☐ From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **How will this person travel to Forest Farm Allotments?**  **Which are the best ways of contacting this person regarding an invitation to visit the Peace Garden?**  ☐ Directly via email ☐ Directly via text message ☐ Directly via phone  ☐ Arrange with the referrer |
| --- |

**Client history and health**

| **Does this person have any medical conditions, disabilities, or allergies that may affect how they can garden with us, and which staff need to be aware of? (e.g. allergies to bees, insulin dependent diabetes, epilepsy, heart condition, back pain, injury etc)**  **Does this person have current or past experience of mental ill health (including diagnosis where relevant) which staff need to be aware of? Please mention both ones which are a reason for referral and ones which may affect how they garden with us.**  **Does this person have any additional access needs/requirements relevant to participating in the ecotherapy sessions?**  **Does this person have a care plan or other mental health support in place? eg care co-ordinator etc**  **Are there any recent events in this person's life which it is good for us to be aware of?**  **Has this person been to Forest Farm Peace Garden Before?**  ☐ Yes ☐ No  **If yes, please detail. Has the person been on the ecotherapy programme before? Visited? When was this?** |
| --- |

**Risk history**

| **If relevant, please give detail of any history of non-engagement with previous programmes or non-concordance with treatment you are aware of**  **Any history of suicide attempts or deliberate self-harm**  **Any history of anger management issues, violence or verbal aggression**  **Any history of the use of drugs and alcohol**  **Any history of risk of exploitation from others - including financial, sexual, physical or neglect**  **Any other concerns** |
| --- |

**Any other comments?**

|  |
| --- |

**Referring organisation details**

| Referrer name |  | Relationship to client | |  |
| --- | --- | --- | --- | --- |
| Organisation |  | | | |
| How long have you known the client for? |  | | | |
| What, if any, support do you/your organisation offer the client? |  | | | |
| Address |  | | | |
| Contact number |  | Email |  | |

**Details of who will be the client’s point of contact in the event of an emergency**

**THIS MUST BE COMPLETED**

| Name |  | | Relationship to Client | |  |
| --- | --- | --- | --- | --- | --- |
| Address |  | | | | |
| Contact Number |  | Email | |  | |

**Details of the client’s GP or other relevant medical practitioners**

| Profession | Name | Address | Tel. No/Email |
| --- | --- | --- | --- |
| **GP** |  |  |  |
| Psychiatrist/ Community RMN |  |  |  |

| **Upon signing this form please choose one of the options below**  ☐ I agree to be available as a point of contact for this client regarding progress or support.  ☐ Another suitable person in my organisation has agreed to be the point of contact on my behalf:  Name and role of other person:  Contact details of other person:  **Signature: Print Name:**  **Date:** |
| --- |

Forest Farm Peace Garden commits to treating personal information with respect and in accordance with the General Data Protection Regulations. For further info about our privacy practices please visit our website: [www.forestfarmpeacegarden.org](http://www.forestfarmpeacegarden.org)

Tips on how to password protect in Word:

(<https://support.microsoft.com/en-us/office/protect-a-document-with-a-password-05084cc3-300d-4c1a-8416-38d3e37d6826>)

**For Ecotherapy enquiries contact: Mirjam Johansson 07525 125057**

**Please email this form with password protection to: mirjam@forestfarmpeacegarden.org**

Or print and post to: FFPG, 2nd Floor Ilford Chambers, 11 Chapel Road, Ilford, IG1 2DR