**Ecotherapy Programme**

**Referral Form**

Forest Farm Peace Garden accepts referrals for people experiencing mild to moderate mental health support needs, such as stress and anxiety, depression, isolation or low self-esteem. Our organisation provides tailored support and we assess client’s needs on a case-by-case basis in consultation with the client, referrer, family members and/or carers. We may ask you to provide a support worker if their needs are too great.

Please fill out this form giving as much information as possible. We would prefer type, not handwriting. Please return this form via post or password protected email.

**Client details**

|  |  |
| --- | --- |
| Name  |  |
| Date of Birth |  |
| Address |  |
| Contact Number |  |
| Email |  |

**Reason for referral**

|  |
| --- |
| **What can this person gain in terms of their:**Mental Health Social HealthPhysical Health  |

**Client history**

|  |
| --- |
| **What do you know about this person's current mental health and history of mental health, including diagnosis where relevant?****Does this person have any special needs/requirements?** **Does this person have a care plan or other mental health support in place? Eg. care co-ordinator etc** |

**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** |

**Other health problems or disabilities that we should be aware of**

**e.g. allergies, insulin dependent diabetes, epilepsy, heart condition, back pain, injury etc**

|  |
| --- |
|  |

**Referring organisation details**

|  |  |
| --- | --- |
| Referrer name |  |
| Organisation |  |
| Relationship to client |  |
| Address |  |
| Contact number |  |
| Email |  |

**Please provide 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 |  |

**If you are not the client’s GP or medical practitioner, please provide their details and any other relevant professional.**

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

Upon signing this form you are agreeing to be available as a point of contact for the client, or you will have provided a suitable person to act on your behalf. We occasionally do monitoring work and may ask you or the client for specific feedback.

|  |  |
| --- | --- |
| **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 information about our privacy practices please visit our website: [www.forestfarmpeacegarden.org](http://www.forestfarmpeacegarden.org)

On completion please email this form with password protection to: fran@forestfarmpeacegarden.org

Or print and post to: Forest Farm Peace Garden, 98-100 Ilford Lane, Ilford, Essex IG1 2LD

Ecotherapy enquiries & contact number for visits: **07525 125057**