

Emergency Contacts: In the event of an incident on site who should we contact (family member, mental health worker, friend)?

First contact name Phone no

Relationship to individual Mobile

Address

Second contact name Phone no

Relationship to individual Mobile

Address

Referral information:

Please tell us your reason for this referral?

Please give details of any diagnosis that your client has.

How does this link with their current care plan and goals for recovery?

In your opinion how have any past activity programmes and psychological interventions been helpful?

What do you believe the potential Gardener wishes to achieve from the activities at Lindengate?

Has the referral been discussed with the potential Gardener?	Yes	No
Are they aware that this referral is being made on their behalf?	Yes	No
Does the potential Gardener give consent to share information with third parties?	Yes	No

Is there anything else we need to know about the potential Gardener's physical health which may impact on their activities at Lindengate? (eg the impact of medication/falls/practical problems)

How would you describe the potential Gardener's CURRENT physical health and abilities and mental health?

Is there anything else you think we should know?

Does the Gardener have a Care Programme Approach assessment and care plan? Please attach a copy of the care plan	Yes	No
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Does the Gardener have a risk assessment? Please attach a current signed copy.	Yes	No
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Please attach a signed copy of the risk assessment and management plan. If this information is missing it may result in delay in processing of this referral.

Lindengate provides a working day with programmed time for therapeutic activities and socialising. Would the Gardener be unsuitable for this setting? For example – are they erratic, dangerous, have challenging or inappropriate behaviour or need constant one-to-one support?

We particularly need to know if any of the following apply to the Gardener:

Does the Gardener have a history of self-harm or suicidal behaviour?	Yes	No
Does the Gardener have a history of violence or abusive behaviour?	Yes	No
Does the Gardener have any criminal convictions?	Yes	No
Does the Gardener have a history of alcohol or drug misuse?	Yes	No

If any of the above applies please detail in the box below

(Gardeners with these issues will not necessarily be excluded from attending but the information will be used to help staff work with the Gardeners more effectively.)

Details (To the best of your knowledge):

Are there any known risk issues and Trigger factors?

Are there any other Services involved that we should know about?

Please list any known allergies, including food allergies that we should be aware of:

Referral Agent Details:

Name

Job Title

Contact detail

Address

Organisation

Confirmation of Details by Referral Agent

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

Signature

Date

Is there funding for the client's attendance at Lindengate ?

Yes

No

Initial Visit Checklist (to be completed by Lindengate staff)

Date/Time arranged

Date

Time

Please return completed form and attachments to: referrals@lindengate.org.uk

Or by post to:

Service User Manager

Phone: 01296 622443

Lindengate

World's End Garden Centre (Wyevale), Old Allotment Site

Aylesbury Road

Wendover

Buckinghamshire. HP22 6BD

United Kingdom

Please mark as "Private and Confidential"