

**The Maryhill Therapeutic Garden Referral Form**

Clients who benefit most from a placement at the Maryhill Therapeutic Garden project are those with adult mental health needs such as anxiety and moderate depression, individuals with physical disabilities or those living in isolation. Our organisation is tailored for those with low-level support needs and we assess this on a case-by-case basis in consultation with the participant, 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. If returning by email: **please password protect the document.**

**Client Details**

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

**Reason For Referral**

|  |
| --- |
| **What could this person gain in terms of their:**  Mental Health  Social Skills  Physical Health |

Client Histo**ry:**

|  |
| --- |
| **Diagnosis if known:**  **Presenting features - such as behaviour, mood and affect, perception and cognition etc**  **Level of insight:**  **Does the client have any special needs/requirements?** |

**Risk History:**

|  |
| --- |
| **Any history of non-engagement with previous programmes or non-concordance with treatment**  **Any history of suicide attempts or deliberate self-harm or impulsive acts**  **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 we should be aware of e.g. insulin dependent diabetes, epilepsy, heart condition, vision, back pain etc. Please note that this site isn’t suitable for wheelchair users.**

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|  |

**Referring Organisation Details**

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

**Please provide the details of who will be the participant’s key point of contact for us and in emergencies.**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Profession | Name | Address | Tel. No/Email |
| GP |  |  |  |
| Psychiatrist/ Community mental health nurse/GP link worker |  |  |  |

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

|  |  |
| --- | --- |
| **Signature:** | **Print Name:**  **Date:** |

REAP will keep this information secure and will only use it for the purposes of REAP projects and work.

By signing this form you are giving consent for REAP to hold and use the details for our work/your needs.

By signing this form you are also giving REAP permission to contact you about this work until you tell us not to. REAP will never pass on your details for marketing purposes. You can withdraw your consent at any time in person by speaking to a member of REAP staff, by telephone or by email.

**On completion please email: karen.h@reapscotland.org.uk**

**Or print off and post to: The Maryhill Therapeutic Garden project, REAP, 177 Mid Street, Keith, AB55 5BL**

Therapeutic gardening enquiries & contact number for visits: Karen on 07840908697 or email: [karen.h@reapscotland.org.uk](mailto:karen.h@reapscotland.org.uk) (only work on Tuesdays and Friday mornings)

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