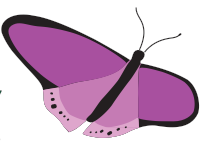
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This referral form aims to provide SAGE Greenfingers with information relevant to a person’s placement and to enable us to maintain a safe working environment for all on the allotment. Information given will be shared with the person referred.

**SAGE Greenfingers Referral**

**Form**

SageGreenfingers will offer gardening as a therapeutic activity to people with wide-ranging mental health difficulties.

1. **Name of person being referred** Date of birth

………………………………….. ……………………………

Address Telephone number

………………………………….. ……………………………

………………………………….. Ethnicity…………………..

2. **Name of Referrer** Referring organisation

…………………………………. ……………………………

Address Telephone

…………………………………….. ……………………………

…………………………………….. ……………………………

3. **Key Worker/care Co-ordinator**(if any) Position/Team

…………………………………………. ……………………………

Address Telephone numbers

……………………………………….. ……………………………

……………………………………….. ……………………………

4. SAGE Greenfingers will hold regular reviews of a person’s placement. With the referred person’s consent, we are willing to provide a copy of this review to the health professional who is most appropriate to receive the copy. Please provide details of the health professional who should receive the copy of the review and be the main contact for the referred person during their placement with SAGE.

Name Position/Team

………………………………………. ………………………………

Address Telephone numbers

……………………………………… ………………………………

|  |  |  |
| --- | --- | --- |
| Contacts | Name | telephone |
| Main carer |  |  |
| Care Co-ordinator |  |  |
| G.P. |  |  |
| O.T. |  |  |
| Psychiatrist |  |  |
| Psychologist |  |  |
| Support Worker |  |  |
| Next of kin |  |  |
| Other |  |  |

5. **Current situation and social circumstances**, including whether the person lives alone, relationships with carer/family, accommodation etc.

6. **Nature of mental health problems:** please indicate diagnosis, medication and compliance with medication, admissions to hospital, self-harm behaviour and current level of functioning.

If there are on-going risks of harm to self or others, please give details

**7 Nature and treatment of any physical health problems.** (please include details of any allergies, joint problems, mobility problems, epilepsy, asthma, diabetes etc.)

**8 Has this person had a tetanus vaccination?**

Yes /No / Don’t know

date last vaccinated …………

**9** **How do you think this person could benefit from gardening with SAGE Greenfingers?**

**10 Preferred days of attendance (please note sessions operate Monday to Thursday)**

**11 Any other information that may affect the persons ability to use SAGE Greenfingers e.g. Drug/alcohol use, criminal convictions**

**12 Contacting the person.**

**Would they prefer a home visit first? Yes No**

**Do we need an interpreter? Yes No**

**13 Is the person being referred eligible for a personal budget/self-directed support.**

**YES NO DON’T KNOW**

**13 To help us evaluate how effectively we are publicising our service please tell us how you heard about SAGE Greenfingers.**

**Date referred……………………..**

**Thank you for your referral**

**Please return this form to:**

**SAGE Greenfingers**

**Minna House**

**30 Minna Road**

**Sheffield, S3 9AZ**

Tel. 0114 273 7718/ 07932 927 153

Email: enquiries@sagesheffield.org.uk