



Professional Referral – referring a client or a patient to Living Potential Community Garden

Living Potential community garden works with people to improve confidence and increase independence. It can help improve mental health through an occupational focus, i.e. therapeutic horticulture. We provide supported physical activity in our community garden plus training and therapeutic support. Our service operates on weekdays from 10am to 4pm and beneficiaries attend on one or two days regularly for up to a year.

Please complete this form and send to tanya@livingpotentialcarefarming.org.uk or post to Living Potential, Carlston Hill Farm, Paddock House Lane, Sicklinghall. LS22 4BN.

Please consider, before completing this form, whether your reason for referring an individual is primarily and directly related to their mental health.

PROFESSIONAL PROVIDING THE REFERRAL

Date	
Name	
Profession	
Workplace name & address	
Contact telephone number	
Email	
Relationship to individual being referred	

THE INDIVIDUAL BEING REFERRED

Name	
Date of birth	
Gender	

Full address and postcode	
Telephone	
Email	
Preferred method of contact	
Mental health diagnosis (if relevant)	
Do you know if this person has received, or is currently receiving, support from mental health (or other) services?	Yes <input type="checkbox"/> (Please specify which service(s)): No <input type="checkbox"/> Don't know <input type="checkbox"/>
Is this person taking any medication linked to their mental health condition?	Yes <input type="checkbox"/> (Please specify medication) No <input type="checkbox"/> Don't know <input type="checkbox"/>
Does this person have any other medical conditions that we should be aware of, in relation to the activity?	Yes <input type="checkbox"/> (Please specify): No <input type="checkbox"/> Don't know <input type="checkbox"/>
Is there a known risk of aggression/violence?	Yes <input type="checkbox"/> (please specify): No <input type="checkbox"/> Don't know <input type="checkbox"/>
If yes, who is this risk directed to?	

Is there a risk to lone workers/staff?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Can the person work as part of a group?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please specify): Don't know <input type="checkbox"/>
Can the person work on their own?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please specify): Don't know <input type="checkbox"/>
Does the person need 1-1 support?)	Yes <input type="checkbox"/> (please specify): No <input type="checkbox"/> Don't know <input type="checkbox"/>
Does the person have any criminal convictions?	Yes <input type="checkbox"/> (please specify): No <input type="checkbox"/> Don't know <input type="checkbox"/>
Is the person registered under the Sex Offenders Act 1997?	Yes <input type="checkbox"/> (please specify): No <input type="checkbox"/>

	Don't know <input type="checkbox"/>
Is the person a regular user of alcohol or drugs?	Yes <input type="checkbox"/> (please specify): No <input type="checkbox"/> Don't know <input type="checkbox"/>
Does the person self-harm / have suicidal ideation?	Yes <input type="checkbox"/> (please specify): No <input type="checkbox"/> Don't know <input type="checkbox"/>
Is the person working with any other agencies to reduce risk to self or others?	Yes <input type="checkbox"/> (please specify): No <input type="checkbox"/> Don't know <input type="checkbox"/>
In the event of the person not attending or becoming unwell at the farm, who should we call?	

Thank you for your referral. We aim to contact prospective beneficiaries within 3 working days of receipt of this form.

If we are unable to make contact with the individual after 2 weeks of receipt of this referral, the referral will be considered void and we will contact you to inform you of this.

If you are unable to answer all questions (or need to answer "Don't Know" to any questions), we will require a further reference from another professional in order to gather all information and progress the individual's admission to Living Potential.