

Oxfordshire Recovery Service

Bridewell Organic Gardens

Restore

Root & Branch



Referral

Client Full Name

What are the recovery goals for the client?

If the referral is to a specific service - which one?

RECOVERY SERVICE

Root & Branch

Client Contact details

Address

Post Code

Telephone

Mobile

Email

Information that we also need

Date of Birth

NHS Number

GP

Name

Address

Psychiatrist / Social Worker/CPN

Name

Address

Main Language

Care Plans

If the client has a Care Plan (CPA) and/or Risk Assessment we require copies of these.

CPA attached

Risk Assessment attached

Referrer

Name

Job Title

Contact details

Telephone

Email

Address

Referring agency

Community Mental Health Team

(team name:.....)

SIL Provider

(organisation name:

TalkingSpace

Oxfordshire Well-Being Service

Other

(organisation name:

Data Protection Act 1998

The information you provide on this form is used by Root & Branch and RESTORE. Both are registered under the Data Protection Act 1998. This information will be used for administration, monitoring, and to improve our service. It may also be passed to funders. Any information that identifies individuals will only be passed on to organisations that are registered under the Data Protection Act 1998. The information will only be used for research and monitoring purposes.

Office Use Only

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|---------------|--|---------------------|--|-----|--|
| Date Received | | Appointment Made on | | For | |
|---------------|--|---------------------|--|-----|--|