

Oxfordshire Recovery Service
Referral for yourself or someone else



Root & Branch

Full name

Date

How do your mental health problems affect you on a day-to-day basis?

What would you like to gain from our service?

Client contact details

Address

Postcode

Telephone

Mobile

Email

Further information

Date of birth

NHS number

GP

Name

Surgery

Psychiatrist/social worker/CPN

Name

Team

Cluster group number if you have one

Care plans If you/the client has a care plan (CPA) and/or risk assessment we require copies of these CPA attached Risk assessment attached

Referrer (if not yourself)

Name

Job title

Contact details

Telephone

Email

Address

Community MH Team

Team name:

Self

Organisation name:

Family/friend

Other

Where did you hear about us?

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.

Please return this form to Root & Branch, Westmill Farm, Watchfield SN6 8TH
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