

Oxfordshire Recovery Service Root & Branch

Referral for yourself or someone else



Full Name

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

Post Code

Telephone

Mobile

Email

Information that we also need

Date of Birth

NHS Number

GP

Name

Surgery

Psychiatrist / Social Worker/CPN

Name

Team

Cluster group number if you have one

Care Plans

If the client/ you 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

Referring agency

Community Mental Health Team

team name:.....

Other

organisation name:

Family/ Friend

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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