

Referral form for *Farming on Prescription*



Farming on Prescription is a 12 week programme for:

- Patients in primary care (those seeing only a psychiatrist count as primary care only)
- Patients with mild mental health problems or health issues such as burn out
- Patients with a GP in the Great Yarmouth and Waveney area
- Patients ready to take a next step in their recovery
- People keen to work outdoors

This programme is not suitable for people:

- Receiving services from a mental health recovery or assertive outreach team (other referral routes are available)
- With serious mobility problems (check with us if the farm environment will be accessible)
- Who require 1:1 support
- People that are not allowed to work alongside vulnerable people/young people because of past behaviour/offences committed.
- Those not keen to work outdoors

Patient's details

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Name: | DoB |
| | |
| Address: | |
| | |
| | |
| Telephone number: | Mobile Number |
| | |
| Email address: | |
| Ethnicity Asian: <input type="checkbox"/> Asian-British: <input type="checkbox"/> Black-African: <input type="checkbox"/> Any other Black Background: <input type="checkbox"/> Black-British: <input type="checkbox"/> Black-Caribbean: <input type="checkbox"/> Chinese: <input type="checkbox"/> White: <input type="checkbox"/> Any Other White Background: <input type="checkbox"/> Any Other Ethnic Group: <input type="checkbox"/> Do not wish to answer: <input type="checkbox"/> | |

Background Information

| | |
|----------------------------------------------------------------|------------------------|
| Does your patient have mental health problems? | If yes, please specify |
| | |
| Does your patient have physical health problems? | If yes, please specify |
| | |
| Does your patient access other health or social care services? | If yes, please specify |
| | |
| Does your patient take medication? Please give details | |
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| Will the patient carry medication on him/her? |
| Patient's Interests and Hobbies? |
| Why do you feel the patient is suitable for Clinks Care Farm and what do you hope they will gain from their participation? |
| Are there any particular barriers you feel the patient may face in engaging with Clinks Care Farm? |
| Are there any risks to your patient or others when at Clinks Care Farm? If yes, please specify |
| Suicide or self harm? |
| Substance misuse? |
| Aggressive/inappropriate behaviour? |
| Physical health problems? |
| Other? |
| Contact details of relevant persons |
| GP |
| Surgery Tel No |
| Mental Health Linkworker/other worker |
| Name |
| Tel no |
| Carer |
| Name Tel No |
| Emergency Contact Name |
| Address Tel No |
| Any other comments. |
| Signature and name of referrer: |
| Date: |

For any further information or queries, please contact Iris or Doeke on 01502 679134 or per e-mail: iris.vanzon@clinkscarefarm.org

Thank you for completing this form. Please return to:

*Iris van Zon
Clinks Care Farm
Clinks farm
Church Road, Toft Monks
Beccles NR34 0ET*