

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? /Allergies?	
Please give details	

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/Support worker?
Name Title
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 Helen on 01502 679134 or by e-mail: iris.vanzon@clinkscarefarm.org

Thank you for completing this form.

Please return to:
 Iris VanZon
 Clinks Care Farm
 Church Road, Toft Monks
 Beccles NR34 0ET