**Dundee Therapy Garden Referral Pathway**

Referral Criteria

* Military veteran or uniformed services personnel (police, fire service, ambulance service, prison service)
* Mental health problem (does not need to be a formal diagnosis), or challenges resettling into civilian life. Mental health problems do not have to be service related.
* Able to engage with and work in small groups.
* No previous knowledge of horticulture necessary.
* Able to independently get to our site at Dudhope Park – regrettably we cannot provide transport.

Referral Method

* Using attached referral form.
* We would encourage phone enquiries first, to discuss the suitability of potential service users. Our contact numbers are 01382 202660 or 07483 102448.

Who can refer

* We are happy to take referrals from any agency working with individuals who meet our referral criteria.
* We will also take self-referrals.

**Referral Pathway**

**Review goals, motivation, engagement, and potential further benefits. Could they continue to benefit?**

**Yes**

**Goals have been achieved. Look to end HT Sessions and return to referrer and/or encourage them to move to another service [3] as appropriate**

**No**

**No**

**Are they continuing to benefit?**

**Yes**

**Yes**

**Yes [1]**

**No**

**No**

**Is the referral appropriate?**

**(Phone triage)**

**Return to Referrer**

**Is it a good fit?**

**Referral**

**Dundee Therapy Garden Referral Form**

**Contact:** Michael Snowden & Zisky Stovell

Dundee Therapy Garden

The Old Bowling Green,

16 Dudhope Terrace,

Dundee

DD3 6HG

**Tel**: 07483102448 **email**: dundeetherapygarden@hotmail.com

Please complete referral information as completely as possible. Thank you for your referral.

**Details of Referrer**:

|  |  |
| --- | --- |
| Referrer |  |
| Position and Organisation |  |
| Address |  |
| Contact Number |  |
| Email Address |  |
| Date of Referral |  |
| We are keen for potential service users to come with a support person for initial session(s). Would you or another support person be able to attend? Please provide details. |  |

**Details of Service User:**

|  |  |
| --- | --- |
| Name & Preferred Name |  |
| Address |  |
| Contact Number |  |
| DoB |  |
| Name of GP |  |
| Address of GP |  |
| Contact No. of GP |  |
| Diagnoses |  |
| Allergies & Medications (ie epi pen?) |  |
| Mobility (cross out as appropriate) |  **Good Moderate Poor** |
| Does the individual use any walking aids or wheelchair? Any accessibility requirements? |  |
| Is the individual receiving any other support from health care provider, veterans or other voluntary organisation? Please provide details. |  |

**Service History:**

|  |  |
| --- | --- |
| Branch of Service  |  |
| Regiment/Sub Unit |  |
| Rank |  |
| Years of service  | **From: -- To:** |
| Operational Deployments |  |

**Anything service related that we should be aware of:**

**Associated Risk Factors:** (please tick if applicable)

|  |  |
| --- | --- |
| Alcohol misuse |  |
| Substance misuse |  |
| History of homelessness |  |
| Suicidal Ideation/ Intent  |  |
| Violence/ Aggression |  |
| Self-harm |  |
| Self-neglect |  |
| History of offending |  |

Any other useful information:

**Dundee Therapy Garden Self Referral Form**

**Contact:** Michael Snowden & Zisky Stovell

Dundee Therapy Garden

The Old Bowling Green,

16 Dudhope Terrace,

Dundee

DD3 6HG

**Tel**: 07483102448 **email**: dundeetherapygarden@hotmail.com

Please complete referral information as completely as possible. Thank you for your referral.

|  |  |
| --- | --- |
| Name & Preferred Name |  |
| Address |  |
| Contact Number |  |
| DoB |  |
| Name of GP |  |
| Address of GP |  |
| Contact No. of GP |  |
| Diagnoses |  |
| Allergies & Medications (ie epi pen?) |  |
| Mobility (cross out as appropriate) |  **Good Moderate Poor** |
| Do you use any walking aids or wheelchair? Any accessibility requirements? |  |
| Are you receiving any other support from health care provider, veterans or other voluntary organisation? Please provide details. |  |
| We are keen for you to come with a support person for initial session(s). Is there someone you would like to bring with you? Please provide details. |  |

**Service History:**

|  |  |
| --- | --- |
| Branch of Service  |  |
| Regiment/Sub Unit |  |
| Rank |  |
| Years of service  | **From: -- To:** |
| Operational Deployments |  |

**Anything service related that we should be aware of:**

**Any other useful information:**