

The Balsam Centre Partnership

The Balsam Centre & The Growing Space

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For further information on services and activities, including research and evidence that informs our practice, visit our websites:

www.balsamcentre.org.uk and www.thegrowingspace.org.uk

Confidential Referral of Adults Experiencing Mental Ill-health

Information detailed below will be shared with practitioners in our project team at the discretion of the partnership's Mental Health Worker. Only the client and referrer names and contact details are held on our databases.

Client Details			
First Names:	Surname:	Title:	Date of Birth
Address (including postcode):			Tel:

Referrer Details			
Date:	Role:		
Name:	Location:	Telephone No:	

GP Details		
Name:	Location:	Telephone No:

Emergency Contact (leave blank if emergency contact is through referrer)			
Name:	Address:	Telephone:	Relationship:

Referral Details. Please complete all boxes. Tick - positive. Cross - negative UN - information unavailable.																	
Any hospital admissions?	<table border="1"> <thead> <tr> <th colspan="2">Please provide scores</th> </tr> </thead> <tbody> <tr> <td>GAD-7</td> <td></td> </tr> <tr> <td>PHQ</td> <td></td> </tr> <tr> <td>Q.9 of PHQ</td> <td></td> </tr> <tr> <td>Phobia 1</td> <td></td> </tr> <tr> <td>Phobia 2</td> <td></td> </tr> <tr> <td>Phobia 3</td> <td></td> </tr> </tbody> </table>	Please provide scores		GAD-7		PHQ		Q.9 of PHQ		Phobia 1		Phobia 2		Phobia 3		Summarise your interpretation of these scores, including any diagnosis.	
Please provide scores																	
GAD-7																	
PHQ																	
Q.9 of PHQ																	
Phobia 1																	
Phobia 2																	
Phobia 3																	
Last admission date:																	
Length of stay:																	
Is the person on medication?																	
List medication and dosage																	
List diagnosis of Mental ill-health																	
Provide a summary of the person's history, previous services used, how difficulties impact on their lives. Also list expected outcomes of their involvement at The Balsam Centre.																	

Other Involved Professionals:			
Name:	Role:	Organisation:	Tel No: