

**Referral Form for Health Care Professionals**

Referrals can be made for all women and non-binary people who need support maintaining their mental health and would benefit from spending time in, and contributing towards, a community flower garden. Please note we are a trans-inclusive space.

Please fill out as much detail as possible and return to Kate Evans on kate@bloomsheffield.com. If you have any questions please do not hesitate to contact us.

| Date: |
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| **Person being referred** |
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| Full name: |
| Age and date of birth: |
| Ethnicity: |
| Address and postcode: |
| Phone number: |
| Email address: |

| **Caring Status** (Complete as appropriate) |
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| * Has a carer
* Is a carer
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| Name and contact details of main carer: |

| **Nature of mental health difficulty, including details of any on-going risk of self-harm or harm to others, effects of medication etc.** |
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| **Nature of any physical health problems that we need to take into consideration.** |
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| **Any other information that may affect the person’s ability to attend Bloom Sheffield’s activities e.g. drug/alcohol use, criminal convictions, language barriers.**  |
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| **Referrer details** |
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| Name of referrer: |
| Organisation: |
| Relationship to person being referred: |
| Email: | Phone number: |