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**REFERRAL TO BIRCHWOOD HIGHLAND
RECOVERY CENTRE**

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APPLICANT

NAME

ADDRESS

.....

.....

REFEREE

NAME

ADDRESS

.....

.....

TEL NO.

DESIGNATION

PLEASE RETURN COMPLETED FORM TO THE MANAGER, BIRCHWOOD
HIGHLAND RECOVERY CENTRE,
MUIRFIELD LANE, INVERNESS IV2 4XA or info@birchwoodhighland.org.uk

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1) Current diagnosis and history of illness (including hospital admission within the last 5 years). What do you consider to be the most significant presenting problems?

2) Current medication and method of administration (please include compliance with taking medication and any history of abuse of prescribed medication).

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3) Has the applicant been involved in any abuse of drugs, alcohol or solvents? If yes, please provide further information:

4) Self Care: Please comment on the applicant's ability to care for themselves (including daily living skills/needs).

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5) Daily Routine: What is the current structure of their day? Please include details of any jobs, training course etc.

6) Social Skills: Comment on the applicant's ability to interact with others. Please highlight any difficulties related to group living.

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7) Background Social Report: e.g. family, education, and relationships.

RISK ASSESSMENT

8) Has the applicant been considered for the Care Programme Approach?

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9) Please give a full history of harm to self and others, including physical or verbal abuse (if possible providing dates of any incidents during the past five years or as long as you have known the person). Please also include any risks from others:

10.) Please indicate the severity of any incidents.

- a) Did they warrant an accident/incident report being completed?
- b) Were charges brought against the applicant if the Police were involved?
- c) Was anyone hurt?
- d) Please indicate the frequency of the incidents and how long they have lasted for.

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11.) Has there been any pattern to aggressive incidents (e.g. is it cyclical or have identified triggers?)

12.) Are there known triggers to and indicators of deterioration of mental health?

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13.) Please give any further details that may be relevant to this referral (using a separate sheet if necessary).

Signed

Date

If you require any further information please telephone (01463 716600) or email: - info@birchwoodhighland.org.uk) at Birchwood Highland Recovery Centre.

What happens next?

References from the applicant's GP and psychiatrist will be taken up and, together with the information on this form, be passed to a Selection Panel (a group comprising members from health, social work and Birchwood Highland) who will make a decision about whether or not to offer the applicant a place (or, if Birchwood Highland Recovery Centre is currently full, put the applicant on the waiting list). We will acknowledge your referral application and let you know when the panel is next due to meet and the outcome of that panel's discussions.

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Please provide the following contact details to help us progress this application:

Applicant's G.P.

Name

Address

.....

Tel No

Applicant's Psychiatrist

Name

Address

.....

Tel No

Thank you for your interest in Birchwood Highland Recovery Centre.

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A COMPANY LIMITED BY GUARANTEE REGISTERED IN SCOTLAND 105400

CHAIRMAN: MR JOHN PALMER

CHIEF EXECUTIVE: MR. PETER H. CATTANACH