

**CONFIDENTIAL**



**REFERRAL TO BIRCHWOOD HIGHLAND  
RECOVERY CENTRE**

PLEASE RETURN COMPLETED FORM TO:  
THE MANAGER, BIRCHWOOD HIGHLAND RECOVERY CENTRE, MUIRFIELD LANE,  
INVERNESS, IV2 4AX

TEL 01463 716600

Email [info@birchwoodhighland.org.uk](mailto:info@birchwoodhighland.org.uk)

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**APPLICANT**

NAME

ADDRESS

**REFEREE**

NAME

ADDRESS

TEL NO

DESIGNATION



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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 5 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 lasted for.

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

**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 .....

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### **Further information**

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

### **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 full, place the applicant on a waiting list). We will acknowledge your referral application and let you know when the panel is next due to meet and the outcome of the panel's discussions.

### **Please provide the following information to help us progress this application:**

#### **Applicant's GP**

Name

Address

Tel No:

#### **Applicant's Psychiatrist**

Name

Address

Tel No:

### **Thank you for your interest in Birchwood Highland Recovery Centre.**

Revised October 2010.

REGISTERED OFFICE: 27 HUNTLY STREET, INVERNESS, IV3 5PR. SCOTTISH CHARITY NUMBER SC003198. A COMPANY LIMITED BY GUARANTEE REGISTERED IN SCOTLAND 195400

CHAIRMAN: MR JOHN PALMER

ACTING CHIEF EXECUTIVE: MRS EMILY STOKES-REID