

Healthy Valleys Agency Referral Form

All parts must be completed for referral to be processed.



Essential Referral Criteria *(Please tick to confirm)*

Resident in Clydesdale or part of rural South Lanarkshire
Lonely and/or isolated
Mild to moderate mental health condition

Expecting a baby/caring for a child under 5 years old
Aged between 18 and 50
Aged 50 or over

Please note that as a service we are currently unable to offer support to individuals who have severe mental health conditions including Dementia, are chaotic because of substance misuse, or who need direct support with personal care or who require significant support with mobility.

Please mark ALL that apply:

Teenage pregnancy
Postnatal depression
Challenges with baby/toddler
Family at risk/Child Protection issues
Domestic violence

Poor mental health
Long-term physical health condition
Mobility issues
High/Low Body Mass Index
Sight or hearing impairments

Housebound
Carer
History of substance misuse
Homelessness
Experiencing food poverty

Referral Source

Name:

Organisation:

Job Title:

Address

Telephone No:

Email:

Referral Details

First Name:

Surname:

Address

Date of Birth:

Postcode:

Home Telephone:

Mobile Telephone:

Please indicate if contact from Healthy Valleys may place the individual at risk of additional harm and highlight the safest method of contact if appropriate:

Reason for Referral

Other agencies involved with referred individual:	
Any other relevant information:	
<h2 style="color: #0070C0;">Risk Assessment</h2> <p style="color: #0070C0;">Referrals will not be processed without this information.</p>	
Is it safe to carry out a home visit? (Condition of the property, danger from pets, second-hand smoke etc.)	Details:
Does the individual have history of violence, criminal activity or anti-social behaviour?	Details:
Is the individual currently undergoing treatment for substance misuse or do they have a history of substance misuse / dependency?	Details:
Are you aware of any danger posed by relatives or friends living at or likely to visit the property?	Details:
Referrers Signature:	Date:
<p>Consent of Client: <i>I agree to my details being held securely by Healthy Valleys and entered into the Elemental database. Healthy Valleys will use my details in running and evaluating its service and may contact me for these purposes. Information that could identify me will not be sent outside the project without my consent, with the exception of child or adult protection issues.</i></p>	
Clients Signature:	Date:

Please return completed referral form to:

Post: Healthy Valleys, Lockhart Community Hub, C/O Lockhart Hospital, Whitelees Road, Lanark, ML11 7RX
(Please mark as confidential)

Email: referrals@healthyvalleys.org.uk **Tel:** 01555 662496