COMMUNITY CALM CIC

"Mental Health Recovery Through Nature"

Community Calm CIC is a Green Social Prescribing service providing nature-based mental health and wellbeing support that complements clinical care and supports recovery, connection and confidence.

PROFESSIONAL REFERRAL & SAFEGUARDING INFORMATION FORM

Please complete as fully. The information provided helps Community Calm assess suitability, identify safeguarding concerns and ensure that the individual can be safely supported within our non-clinical Green Social Prescribing community setting.

Important: Community Calm is not a clinical mental health service and does not provide clinical therapy, crisis intervention or 1:1 supervision. All referrals are assessed individually.

1. PERSON BEING REFERRED

Full Name:	
Date of Birth:	
Address:	
Telephone:	
Email:	

Next of Kin:	
Doctor's Surgery:	

2. REFERRER DETAILS

Name:	
Job Title / Role:	
Organisation / Service:	
Telephone:	
Email:	
Date of Referral:	
How long have you known/supported this person?	

Current service involved (tick all that apply):

☐ GP ☐ Talking Therapies ☐ Social Prescribing ☐ Community Mental Health Service ☐ Other:

3. REASON FOR REFERRAL

Please explain why you are referring this person to Community Calm at this time.
What would you like Community Calm to provide that is not currently being provided elsewhere?
What outcomes would you hope the person achieves through attending?
☐ Reduced isolation ☐ Increased confidence ☐ Improved routine ☐ Social connection ☐ Time outdoors ☐ Wellbeing ☐ Meaningful activity/purpose ☐ Independence ☐ Other

4. MENTAL HEALTH HISTORY

Please provide relevant current and historic mental health diagnoses, including approximate dates where known.
Previous mental health admissions or significant periods of crisis:
☐ No ☐ Yes – please provide details.

Is the person currently under the care of a mental health professional/service?
☐ No ☐ Yes
If yes, provide service/team and contact details where appropriate.

5. CURRENT RISK & SAFEGUARDING

This section is particularly important. Please do not leave relevant information blank.
Current risk of self-harm or suicide
Is there currently any known risk of self-harm or suicide?
☐ No known risk ☐ Historic risk only ☐ Current risk – managed ☐ Current significant risk
If there is any current or historic risk, please provide relevant information, including known triggers, warning signs, protective factors and current management plan.
Risk to others
Is there any known current or historic risk of harm towards others? Please explain
☐ No known risk ☐ Historic risk ☐ Current risk – managed ☐ Current significant risk

Safeguarding
Are there any current or historic safeguarding concerns relating to this individual?
☐ No known concerns ☐ Yes ☐ Unsure
Any significant physical health conditions we should be aware of?

6. EXPECTATIONS & GOALS

What does the individual hope to gain from Community Calm?

7. ATTENDANCE & INDEPENDENCE

Community Calm members are expected to attend regularly for greater wellbeing outcomes, make their own way to sessions and participate without ongoing 1:1 supervision.
Can the individual independently travel to and from sessions?
☐ Yes ☐ No – explain.
Can they safely participate in a community group without continuous 1:1 supervision?

☐ Yes ☐ No ☐ Unsure – provide further information.

8. CONSENT & INFORMATION SHARING

Please confirm that the individual understands that: • Community Calm is a non-clinical community service. • Community Calm does not provide crisis intervention, clinical treatment or continuous 1:1 supervision. • Information provided through this referral will be used to assess suitability and support safe participation. • Community Calm may need to share relevant information with the referrer or appropriate professional if there is a safeguarding or serious wellbeing concern. • Confidentiality within the group is expected but cannot be absolutely guaranteed.
Has the individual given consent to this referral?
☐ Yes ☐ No ☐ Consent unable to be obtained – explain.

9. REFERRER DECLARATION

I confirm that, to the best of my knowledge, the information provided is accurate and that I have included relevant information regarding the individual's mental health history, current presentation, risk and safeguarding needs.
I understand that Community Calm CIC will make its own assessment of suitability and may request further information before accepting the referral.
Referrer's Name:
Signature:

Date:

FOR COMMUNITY CALM USE ONLY

Date received:	
Reviewed by:	
Additional information requested:	☐ No ☐ Yes
Referral accepted:	☐ Yes ☐ Yes – with conditions/support ☐ Pending further information ☐ Not suitable at this time
Reason / assessment notes:	
Safeguarding concerns identified:	☐ None identified ☐ Further information required ☐ Safeguarding discussion required ☐ Escalation required
Action taken:	
Date of initial contact:	
Date of first session:	
Review required:	☐ No ☐ Yes – date

IMPORTANT INFORMATION

Community Calm CIC provides a non-clinical, community-based service. Our sessions are designed to complement, rather than replace, clinical mental health support.
Community Calm may decline or pause a referral where the level of risk, clinical need or support required cannot be safely managed within our community setting.
Where appropriate, we may request additional information from the referring professional before accepting a referral.