



Independent Advocacy IMCA Referral Form



Client Name:			
Date of Birth:			
Date of Referral:			
Home address postcode Telephone			
Present location (if different from above) If in hospital please include ward number and contact telephone number.			

How does the person communicate?

Reason for Referral (please tick)

Serious Medical Treatment	
Move to accommodation (NHS body)	
Move to accommodation (Local Authority)	
Safeguarding Vulnerable Adults Procedure (LA)	
Care Review (NHS or LA)	

State Specific Decision (Proposed Options)

Others involved

Any family or friends	Yes/No
If yes, but they are inappropriate to consult please explain briefly why this is the case.	

Significant Dates

When does the decision need to be made by?	
Please give details of any impending meetings or deadlines.	

Specific Cultural and Communication Needs

Language		Ethnicity	
Gender		Religion	
Disability		Other	

Has a capacity assessment been completed?	Yes/No
If so who completed this and on what date was it completed? (Please give name and designation e.g. Social Worker or Consultant)	
Is the person under a Deprivation of Liberty order?	Yes/No

Contact Details

Details of Person completing this form	Who will make the best interest decision?
Name:	Name:
Job Title:	Job Title:
Organisation:	Organisation:
Address:	Address:
Telephone: Direct Line: Mobile:	Telephone: Mobile:
Email:	Email:
Fax no:	

Please detail any risk issues or incidents we should be aware of:

I confirm that I have consent from the client to make a referral to Advocacy or	
I confirm I have the authority to make a referral for the client.	
I understand and agree that the information I provide will be stored securely and used for monitoring purposes. Any identifiable information is kept confidential and secure.	
I understand by ticking these boxes I confirm my agreement	

I am instructing the IMCA service to do this work. I am authorised by the NHS organisation or Local Authority responsible for making the decision.

Signed:

Date:

Name (please print):

Relationship to client:

*Please continue on a separate sheet if necessary

Please return completed form to –

Independent Advocacy North East, 62 Howard Street, North Shields NE30 1AF

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