



IMHA Referral Form

Not providing the necessary information could affect response times. Please complete the form in full.				
CLIENT DETAILS:				
Name:				
DOB:				
Gender:	M		F	
Permanent Address:				
	Postcode:			
Current Location:				
	Postcode:			
	Telephone Number:			
QUALIFYING PATIENTS FOR IMHA – DETAINED PATIENTS:				
Is the person detained under the Mental Health Act?			YES	NO
Is the person subject to Supervised Community Treatment (SCT)?			YES	NO
Is the person subject to guardianship?			YES	NO
Please state which section of Mental Health Act:				
Date of Section:				
QUALIFYING PATIENTS FOR IMHA – INFORMAL PATIENTS				
Is the patient Informal and discussing the possibility of being given section 57 treatment?			YES	NO
Is the patient under 18 and being considered for electro-convulsive therapy (ECT)?			YES	NO
<p>Please note that persons under short term and/or emergency detentions such as those made under Sections 4, 5(2), 5(4), 135 or 136 are not eligible for the IMHA service.</p>				

BRIEF DETAILS OF THE SITUATION THAT REQUIRES IMHA INVOLVEMENT			
ARE THERE ANY DEADLINES OR IMPORTANT MEETING DATES?			
ETHNIC BACKGROUND <i>(Please tick box that applies)</i>			
White British	<input type="checkbox"/>	Black \ Black British (African)	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Black \ Black British (Caribbean)	<input type="checkbox"/>
White (Other Background)	<input type="checkbox"/>	Black \ Black British (Other Background)	<input type="checkbox"/>
Mixed: White \ Black African	<input type="checkbox"/>	Asian \ Asian British (Bangladeshi)	<input type="checkbox"/>
Mixed: White \ Black Caribbean	<input type="checkbox"/>	Asian \ Asian British (Indian)	<input type="checkbox"/>
Mixed: White \ Asian	<input type="checkbox"/>	Asian \ Asian British (Pakistani)	<input type="checkbox"/>
Mixed: (Other Background)	<input type="checkbox"/>	Asian \ Asian British (Other Background)	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>
Any identified religious, cultural or spiritual needs?			
IS THIS A SELF-REFERRAL?			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<p>The IMHA service has a duty to ensure the safety of lone workers. In accordance with the data protection act we reserve the right to speak to and request information from third parties regarding past and current risk. For further information please contact the IMHA service.</p>			
IF NO, PLEASE PROVIDE DETAILS BELOW			
Is this a first referral?	<input type="checkbox"/>	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
		NOT KNOWN	<input type="checkbox"/>
Referrer Name:			
Position - Role:			
Address:			
Postcode:			
Telephone Number , Email and Fax:			
Name of Care Manager/Coordinator or Social Worker:			
Address:			
Postcode:			
Telephone Number , Email and Fax:			

Please ensure the referral form is signed before returning

Please provide name and contact details of GP:			
Is the current GP registration temporary? (i.e. due to hospital admission)		YES	NO
If yes please provide contact details of permanent GP:			

Name of Responsible Clinician :				
Name of Nearest Relative:				
Has the patient been informed a referral is being made to the IMHA service?	YES		NO	
Has the patient consented to the referral to the IMHA service?	YES		NO	
Does the patient have capacity to instruct an IMHA?	YES		NO	
If you have answered NO to any of the above questions please explain, providing details of any capacity assessment:				
Is there any risk of violent or dangerous behaviour, or any other pertinent risks the IMHA should be aware of? (i.e. security issues, exposure to infection such as MRSA)	YES			
	NO			
If yes, please explain, including any risk assessments i.e. FACE:				

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	

Because of the Data Protection Act a signature is needed to say that you agree to the IMHA Service securely holding personal information (including the information on this form), on a computer and in a filing system. It is the policy of the IMHA service that all personal data will be held in accordance with the principles and requirements of Data Protection and other relevant legislation, and that procedures will be put in place to ensure the fair processing of data relating to individuals. The IMHA service is a confidential service; you can request further information on confidentiality from the appropriate IMHA service.

I agree to that the IMHA service can securely hold, and put on computer and in a filing system, the information on this form.

SIGNATURE

DATE

THE REFERRER (leave blank if signed by client) I would like the IMHA to do this work. They can keep, and put on computer and in a filing system, the information on this form provided to do the work. I am providing this information and asking for this referral in the client's best interests.

SIGNATURE

DATE

PRINT NAME

PLEASE NOTE

When deciding which service to contact, please note the IMHA service provision is based on residency. Please refer to the service where the person is currently residing ie hospital area and not where their permanent address is.

PLEASE RETURN THE COMPLETED FORM TO THE RELEVANT IMHA SERVICE.

North Tyneside

Independent Advocacy
North East
62 Howard Street
North Shields
NE30 1AF
T: 0191 259 6662
F: 0191 296 3767
E: info@iane.org.uk
www.iane.org.uk



Northumberland

Adapt (North East)
Burn Lane,
Hexham,
Northumberland,
NE46 3HN
Tel: 01434 600599
Fax: 01434 605251
www.adapt-ne.org.uk
E-mail: generaloffice@adapt-tynedale.org.uk

South Tyneside, Newcastle and Gateshead

Your Voice Counts
The Old Bank, Nelson Street
Gateshead
NE8 1AX
T:0191 478 6472
F:0191 477 8559
E:yvc.uk@nhs.net
www.yvc.org.uk

Sunderland

Total Voice Sunderland
Address: 1 Qd North Sands Business Centre
Liberty Way
Sunderland
SR6 0QA
Tel: 0191 510 5051
Fax: 0191 510 5099
Email: totalvoicesunderland@voiceability.org