

IMHA Referral Form

Date Received:

Client ID:	
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Client Details

Client Name:		Date of Birth:	
Current Address:			
Home Address: (if different)			
Contact Number(s):			

Male:		Female:		Prefer Not to Say:	
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White British		Black Caribbean		Mixed Caribbean		Indian		Mixed White	
Irish		Black African		Mixed African		Pakistani		Other Asian	
White Other		Black Other		White/Asian		Bangladeshi		Chinese	

How does the person communicate?

Spoken English		Another Spoken Language		Gestures/Facial Expression/Vocalisations	
BSL		No Obvious Communication		Pictures/Symbols/Makaton	

Nature of client's impairment (mark all that apply)

Unconsciousness		Mental Health Problems		Acquired Brain Damage		Learning Disability	
Autism Spectrum		Serious Physical Illness		Dementia		Cognitive Impairment	
Other: (give details)							

Qualifying patients for IMHA – detained patients (please mark)

Is the person detained under Mental Health Act?*	
Is the person subject to Supervised Community Treatment (SCT) or conditional discharge?	
Is the person subject to guardianship?	

* excluding those subject to sections 4, 5(2), 5(4), 135 or 136

Qualifying patients for IMHA – informal patients (please tick)

Informal patients who are liable to be detained under the Act	
Informal patients who are discussing the possibility of being given section 57 treatment. (Treatment which requires consent and a second opinion)	
People under 18 who are being considered for electro-convulsive therapy (ECT)	

Please give brief details of reason for IMHA involvement (Including Section Type and Date) – continue on separate sheet if necessary

Are there any deadlines or important meeting dates? (MHA Tribunals, Hospital Manager Reviews, CPA review)

Communication Needs

Details of person completing this form	
Name:	
Job Title:	
Team/Organisation:	
Address:	
Telephone:	
Email:	

Send completed form to: ONE Advocacy Derby, c/o Citizens Advice South Derby and City, Stuart House, Green Lane, Derby, DE1 1RS or email to referrals@oneadvocacyderby.org or fax to **01332 228701**.

For further information visit www.oneadvocacyderby.org or call the **Direct Referral line 01332 228748**