

Independent Mental Health Advocacy IMHA Referral Form

PLEASE COMPLETE THE FORM IN BLOCK CAPITAL LETTERS

SECTIONS 1 & 2 MUST BE COMPLETED IN FULL

1. Client Details:

Name:	Date of Birth:
Gender:	Email:
Current Location:	Home address:
Telephone:	Mobile:

2. Ethnic Background:

White:	Black / British:	Asian / British:	Mixed:
White British	Black Caribbean	Indian	White & Black Caribbean
White Irish	Black African	Pakistani	White & Black African
Other White*	Other Black*	Bangladeshi	White & Asian
		Other Asian*	Other Mixed White*
Other ethnicities:	Chinese	Any Other Ethnicity*	Not Known / Stated
*Specify Other:			

3. IMHA Client:

Are you/ they detained?	
If detained what section are you/ they detained under?	
What date were you/ they sectioned?	
Are you/ they currently placed in Seclusion? Please give date & time	
If not detained are you/ they liable to be detained under the MHA?	
Are you/they subject to a Community Treatment/ guardianship order?	
Are you/they conditionally discharged?	
Are you/they considering treatment under S57	
Are you/they under 18 and considering the use of ECT?	

4. Any risks or behaviours that may affect lone working:

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5. Is there anything else we should know about the person? i.e. how to make contact, special needs with communication?

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6. Details of situation that requires IMHA involvement:

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7. Timescales or deadlines involved:

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8. Person making referral:

Is this a self-referral? Yes/No (If yes, leave box below blank)

Name of referrer:	
Relationship to Individual:	
Organisation (include Locality and Team):	
Telephone:	Email:
Does the person know/ consent to this referral?	

Signed

Date

Please return completed form to:
portsmouthadvocacy@solentmind.org.uk
Telephone enquiries: 023 8020 8955