



**Portsmouth Advocacy  
Independent Mental Health Advocacy Referral Form**

**Person who needs advocacy:**

Name:	Date of birth:
Address:	
Telephone:	Mobile:
Is it ok to leave a message? Yes / No	
Email:	Ethnic background:

**Person making referral:**

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

Name:	
Relationship to Individual:	
Organisation (include Locality and Team):	
Telephone:	Email:
Does the person know/ consent to this referral? Yes/No	

**IMHA**

<b>Are you/ they detained?</b>	
<b>If detained what section are you/ they detained under?</b>	
What date were you/ they sectioned?	
If not detained are you/ they liable to be detained under the MHA?	
Are you/they subject to a Community Treatment order?	
Are you/they subject to a 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?	

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

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**Any risks or behaviours that may affect lone working:**

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**Details of situation that require IMHA involvement:**

**Timescales or deadlines involved:**

Portsmouth Advocacy service delivers advocacy provision as a partnership of two organisations. We have a commitment to work together to provide a seamless service for individuals. As part of this, we may need to share individual information across the partnership. We are committed to ensuring that this is done only where necessary, with your permission where possible, with management agreement and according to our sharing protocol guidelines.

Signed.....

Date.....

**Please return completed form to us:**

By email to [portsmouthadvocacy@solentmind.org.uk](mailto:portsmouthadvocacy@solentmind.org.uk)

By fax to 023 8020 8954

By post to Solent Mind, John Pounds Centre, 3 Aylward Street, Nutfield Place, Portsmouth PO1 4JT

Telephone enquiries 023 9283 7777