IMHA New Referral Form

Referral taken by	Date of Referral
Potential Partner' Details	
Name	
Present Address (including postcode)	Home Address (if different)
Telephone Number	
Date of Birth	
Referrers Details	
Is this a self referral? (please tick) ☐ Yes ☐ No	Outreach ☐ Yes ☐ No
Third Party Referrers Details:	
Name	Position
Telephone	
Email	
Has the person been informed that a referral is being made? If not please state reasons why not	
Name of Responsible Clinician	
Name of Nearest Relative	

People Qualifying for IMHA – Detained Patients (please tick)	
Is the person detained under the Mental Health Act	☐Yes ☐ No
Section 2 Appeal	☐Yes ☐ No
Section 3	☐Yes ☐ No
Is the person subject to a Supervised Community Treatment Order?	☐Yes ☐ No
Is the person subject to Guardianship?	☐Yes ☐ No
Date of Section:	
People Qualifying for IMHA – Informal patients (please tick)	
Informal patients who are discussing the possibility of being given section 57 treatment	☐Yes ☐ No
People under 18 who are being considered for ECT (electro-convulsive therapy)	☐Yes ☐ No
Please give brief details of the situation that requires IMHA involvement:	
Dates/details of any forthcoming deadlines or meetings:	
Any other relevant details (including information to keep the person and /or IMHA safe)	
Name of Advocate	Date Started
Copy and passed to admin ☐ Date	

Please return to Linda Clarke, Advocacy Services Manager, Williamson House, 14 Charles Street, Worcester, WR1 2AQ or email to imca@onside-advocacy.org.uk or Fax 01905 28554