

# IMHA Referral Form

## Independent Mental Health Advocacy



**Deaf Positives Action provides the Independent Mental Health Advocacy (IMHA) Service to represent and support patients.**

*This form can be completed by relatives or professionals if the client has consented to the referral.*

**Please note** that individual patients are able to accept or refuse advocacy support and we are unable to discuss individual client issues with a referrer without the individual's consent.

*Clients can also refer themselves to the IMHA service.*

### **CLIENT INFORMATION**

<b>Name:</b>			
<b>Date of Birth:</b>		<b>Gender:</b>	
<b>Permanent Address:</b>			
<b>Postcode:</b>			

**Ethnicity:**

<b>White</b>	<b>Mixed White</b>	<b>Asian or Asian British</b>	<b>Black or Black British</b>
<input type="checkbox"/> British	<input type="checkbox"/> White & Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Black Caribbean
<input type="checkbox"/> Irish	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Black African
<input type="checkbox"/> Other White	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other Black (specify):
<input type="checkbox"/> Other Mixed White (specify):		<input type="checkbox"/> Other Asian (specify):	

Chinese or Other Ethnic Group

Chinese

Other Ethnic Group (specify):

Ethnicity not established

### **Where is the person currently staying?**

<b>Current Ward</b>	
<b>Community Treatment Order</b>	
<b>PCT area</b>	

### **Please give brief details of the situation that requires IMHA involvement**

*Continue on separate sheet if necessary*



**Are there any important meeting dates the IMHA needs to be aware of**

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**Referrer details**

Is this a self-referral? (please tick✓)	YES		NO	
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**If NO, please give further details below**

Name of Referrer	
Job Title / Relationship	
Telephone no.	
Email address	

Has the client consented to the referral to the IMHA Service?	YES		NO	
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Signature of referrer		Date	
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**Please note you are obliged to pass on to the Advocate any information regarding Risk that may be relevant.**

**Referrals will be followed up within 3 working days.**

