Client Surname:	Client ID No:	Client Case No:	FWI No:

IMCA Referral Form

Date of Referral		Herefordshire ☐	Worcestershire ☐
Clients Name		Date of Birth	/ /
Current Address		Home Address (if different)	
Post Code		Post Code	
Phone No.		Phone No.	

Reason for referral (please tick one only) If there are more than one issue a separate referral form will be required.

Serious medical treatment Defined as treatment that involves giving new treatment, stopping or withholding treatment and where there is a fine balance between the likely benefits and burdens to the patient, the choice of treatments and what is proposed is likely to have serious consequences to the patient.	☐
Change of Accommodation Hospital stay of 28 days or more. Nursing/residential stay of 8 weeks or more	☐
Care Reviews Reviews should relate to decisions about accommodation	☐
Community DOL People living in their own home or supported living	☐
Please state specific decision or proposed options:	
Safeguarding Adults Investigation Irrespective of friends and family in relation to proposed protective measures ***If you have ticked this box you will need to provide the following information before the referral can be processed*** Has a safeguarding procedure been instigated? Yes ☐ No ☐ about to be in place ☐ If yes, please give date: Please provide details of the proposed protective measures in place:	☐

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When does the decision need to be made by?	
Please give details of meetings or deadlines	

Safeguarding Manager Contact Details

Name: Email:

Telephone:

Please state specific decision or proposed options:

Referrer and Decision maker's contact details

	Referrer	Decision maker (if not referrer)
Name		
Job Title		
Address		
Postcode		
Phone No.		
Email		

Name of contact person for access to records

Cultural and communication needs

Religion		Gender	

How well is the person able to communicate in English?

☐ Age/development precludes verbal communication ☐ Age/development impairs verbal communication

☐ A little spoken English ☐ Do not wish to reply ☐ Good ☐ None (does not understand English)

Ethnicity

White					Mixed				Asian or Asian British				Black or Black British			Chinese or other		
British	Irish	Gypsy Traveller	Polish	Other	White & Black Caribbean	White & Black African	White & Asian	Other	Indian	Pakistani	Bangladeshi	Other	Caribbean	African	Other	Chinese	Arab	Other

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Main Vulnerability. *Select one only*

☐ Memory & Cognition ☐ Dementia ☐ Learning Disability ☐ Learning Disability (Health Only)
☐ Autism ☐ Physical Disability (Personal Care & Support) ☐ Physical Disability (Access & Mobility)
☐ Visual Impairment ☐ Hearing Impairment ☐ Dual sensory impairment ☐ Acquired Brain Injury
☐ Mental Health ☐ Chronic/long term illness ☐ Carer ☐ Substance Misuse
☐ Other: ……..

Is there anyone else the IMCA will need to speak to

Name and contact details

Tel: Email:

Has the person's capacity been assessed in relation to this decision?

Please confirm that an assessment of capacity with respect to the above decision has been made:
Yes ☐ No ☐

If yes, please confirm that the client lacks capacity to make the specific decision at this time:
Yes ☐ No ☐

Name of the person who assessed capacity:

Date of assessment:

Does the client have any family or friends who are involved?

Yes ☐ No ☐

If yes, please give details as to why they are deemed to be inappropriate to consult or not willing or able to be formally consulted in the decision making process:

*Please note: IMCAs should **not** be instructed simply because family or friends disagree with the decision maker or amongst themselves.*

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I can confirm that I am the Decision Maker on behalf of (NHS body or Local Authority Name)

…….

For decisions regarding (name of individual): ……....

Name (please print) ……..

Signature: …… Date: .....

Complete the form and return to IMCA Team, Williamson House, 14 Charles Street, Worcester, WR1 2AQ or email to imca@onside-advocacy.org.uk or Fax 01905 28554

Please do not return the form to a personal email address as this will delay the referral.

Please be aware that this form contains personal and confidential information. If sending by e mail you should ensure password protection.

If you are completing the form and you are not the decision maker, please make it clear on the form who the decision maker will be and give their contact details. The referral will take longer if this information is not provided.