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| **Please note all fields must be completed or the form will be returned: This could delay an Advocate being allocated. Where Not Applicable please indicate by inserting N/A** |
| **Date of Referral:** |
| **Client Details** |
| Client Name |  | Client DOB |  |
| Home Address |  |
| **Address at point of referral** (if different from above). If hospital, please include ward name/number |  |
| Post code |  | Local Authority/Borough |  |
| Telephone |  | Email |  |
| GP Surgery the client is registered with |  | GP Surgery contact number |  |
| **Type of advocacy required (please tick only one box per referral)** |
| Independent Mental Health Advocacy (IMHA) |  |
| NHS complaints Advocacy (IHCA) |  |
| Generic or community advocacy |  |
| **If IMHA please tick referral reason (please only tick one box per referral)** | Detained under Mental Health Act**Please add section and section start date** |  |
| Conditional Discharge |  |
| Subject to Guardianship |  |
| Community Treatment Order |  |
| Considered for treatment to which Section 57 applies |  |
| Details **(please provide as much additional information as you can about the referral)** |
|  |
| Please provide consent below |
| Do you consent to your information being added to our case management system  | Yes/No |
| If **not** please give details: |
| Please detail any risk issues the advocacy services need to be aware of below, or confirm there are no known risks |
|  |
| **Name and details of person completing this referral form** |
| **Name** |  | **Job Title** |  |
| **Telephone No** |  | **Email** |  |
| **Relationship to client** |  | **Date** |  |
|  |
| **Additional information – Please tick those that apply. This is optional; however, it does help us to better understand who we are supporting.**  |

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| **Religion or spiritual belief** |
| Buddhist |  | Jewish |  | Other Religion |  |
| Christian |  | Muslim |  | No Religious Belief |  |
| Hindu |  | Sikh |  | Do not wish to answer |  |
| **Ethnicity** |
| Asian or Asian British - Any Other Asian Background |  | Mixed - Any other mixed background |  | White - Any Other White Background |  |
| Asian or Asian British - Bangladeshi |  | Mixed - White and Asian |  | White - British |  |
| Asian or Asian British - Indian |  | Mixed - White and Black African |  | White - Gypsy or Irish Traveller |  |
| Asian or Asian British - Pakistani |  | Mixed - White and Black Caribbean |  | White - Irish |  |
| Black or Black British - African |  | Do not wish to answer |  | Not provided |  |
| Black or Black British - Caribbean |  | Other Ethnic Group - Any other ethnic group |  | Do not wish to answer |  |
| Black or Black British - Other Black Background |  | Other Ethnic Group - Arab |  |  |
| **Sexual orientation** |
| Heterosexual / Straight |  | Bisexual |  | Not Provided |  |
| Homosexual / Gay Man |  | Other |  |  |
| Lesbian / Gay Woman |  | Do not wish to answer  |  |  |
| **Additional needs** |
| Learning Disability |  | Mental Illness |  | Dementia |  |
| Autism |  | Acquired Brain Injury |  | Other |  |
| **Communication needs / preferences** |
| Preferred language (please specify) |  | English language |  | Other spoken language (please specify) |  |
| Preferred method of communication (please specify) |  | Able to read |  | British Sign Language |  |
| Pictures / symbols |  | Makaton |  | Gestures / facial expressions |  |
| Sounds / vocalisations |  | No formal means of communication |  | Other support needs |  |
| Hearing impairment |  |  |
| **Additional information:**  |
| Pregnant /maternity Yes/No |  |

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| --- | --- | --- | --- |
| Gender |   | Identifies as same sex as at birth |  |
| Marital status |  |

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| Mental health diagnosis:  |
| Details of any long-term physical health condition: |
| **Please return this referral form to:****advocacyreferralhub@rethink.org****Any queries please call 0300 7900 559 – Monday – Friday 9am till 5pm**  |