Cumbria IMHA Hub

n|compass
towards a brighter future

CONFIDENTIAL

Client Name:	
Date of Birth:	
Home Address & Postcode:	
Telephone number:	
Present location, postcode, tel. (if different from above) **If hospital please include ward number**	

CONSENT - Advocacy Operates under the GDPR Guidelines

Has client consented to this referral?	
For statutory: if the client is **not able** to consent, are you giving us instruction? (IMHA, IMCA, CAA)	

Gender:		Ethnicity:	
Disability:			
Does this person have any communication needs?			

Please detail any **risks** that the client may pose to N-Compass Staff that we should be aware of:

REFERRER DETAILS

Name:	
Job/Role:	
Organisation/Team:	
Telephone:	
Email:	
Referral Date:	

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ADVOCACY SERVICE INFORMATION

☐ **INDEPENDENT MENTAL HEALTH ADVOCACY (IMHA)**

☐ Section 2 ☐ Section 3 ☐ Community Treatment Order ☐ Other _____

What ward are they currently on? _____

When did the section begin? _____

☐ **GENERIC ADVOCACY**

Is the issue regarding health or social care? ☐ Yes ☐ No

Is this person an informal patient on a psychiatric ward? ☐ Yes ☐ No

REFERRAL REASON (Please add any Relevant information inc. meeting dates)

Please return this form to -
Email: **referral@cumbriaimhahub.org.uk** Phone: **0300 3030 622**
Post: **Cumbria IMHA Hub, 1 Edward VII Quay, Navigation Way, Preston, PR2 2YF**
www.cumbriaimhahub.org.uk

Cumbria County Council