

CONFIDENTIAL

Client Name:	
Date of Birth:	
NHS Number:	
Home Address & Postcode:	
Funding Local Authority:	
Telephone Number:	
Email Address:	
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:			

Gender Identity:		Marital Status:		Religion:	
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Sexual Orientation:	
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Preferred method of contact: Phone Email Post

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

REFERRER DETAILS

DECISION MAKER DETAILS

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

ADVOCACY SERVICE INFORMATION

Only complete information for the specific type of advocacy you are referring for. If you answer no to any questions in that section you will not meet the criteria but may still be eligible for generic advocacy.

CARE ACT ADVOCACY

Assessment Review Safeguarding Support Planning

- Will this person have substantial difficulty in being involved with the process? Yes No
- Has the client been deemed by the referrer as having no appropriate person to facilitate the clients engagement in the process ? Yes No

INDEPENDENT MENTAL CAPACITY ADVOCACY (IMCA)

Serious Medical Treatment Change in Accommodation Safeguarding Care Review

- Has this client been deemed to not have appropriate friends or family who can be consulted? Yes No
- Has this person been assessed as lacking capacity around this issue? Yes No

Date the capacity assessment was undertaken? _____

Who completed the capacity assessment? _____

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)