

**Leeds Independent Mental Capacity Advocacy
Service Referral Form**

This section is for office use only:

Date referral rec'd:

Is this a first referral?

Who entered initials:

Date IMCA engaged:

Dec No:

CLog Client ID No:

CLog Referral ID No:

Client's details

Full name:

Date of birth:

Are there any particular cultural or other issues for this client that would help improve the service we offer?

Further monitoring information is collected on the last page of this referral form.

Client's address or location at time of referral

Address:

Postcode: _____

Phone numbers:

Day:

Mob:

Evening:

E-mail:

Client's usual address (if different from the above)

Address:

Postcode: _____

Phone numbers:

Day:

Mob:

Evening:

E-mail:

What is the nature of the client's capacity impairment (please tick the presenting impairment)

Unconsciousness

Dementia

Autistic spectrum condition

Learning disability

Mental health problems

Cognitive impairment

Serious physical illness

Other (please state)

Acquired brain damage

Primary means of communication for the client (please tick the best / most recent methods)

English

Gestures/Facial expressions/vocalisations

Other spoken language (state)

No obvious means of communication

Words / pictures / Makaton

BSL

Other

Others involved

Does the client have any family or friends?

No

Yes but not appropriate/willing/able to be consulted about the decision.

If family/friends are not appropriate to consult, please explain why:

Have you explained this to family/friends?

Has the client made an advanced decision or Enduring / Lasting power of attorney?

This may be in relation to property or financial affairs, personal welfare, healthcare and consent to medical treatment.

Yes

No

Your name and contact details (as the referrer)

Name:	Job title:
Address:	Work Phone Number: Mobile Number:
Postcode:	E-mail: Secure E-mail:

Please tick the agency that you work for:

<input type="checkbox"/> Joint Care Management	<input type="checkbox"/> LYPFT	<input type="checkbox"/> Leeds PCT
<input type="checkbox"/> Leeds Adult Social Care	<input type="checkbox"/> LTHT	<input type="checkbox"/> Advocacy Service
<input type="checkbox"/> Prison Service	<input type="checkbox"/> Home Manager	
<input type="checkbox"/> Other - Individual, Police, Ambulance, other NHS or Local Authority please state:		

Please describe who you are? Please tick one

Decision-maker Colleague of decision-maker Other (please state):

Decision-maker's name and contact details (if different)

Name:	Job title:
Agency, Trust, etc:	Work Phone Number: Mobile Number:
Address:	E-mail: Secure E-mail:
Postcode:	

What is the decision-maker's role? (please tick one)

Doctor Social worker
 Other (please state):

Time Scale for the IMCA to be engaged (please indicate)

IMCA's usually work Monday to Friday 9.00am to 5:00pm, not over weekends or bank holidays and it may take up to 48 hours to respond to an authorised referral. However, we wish to monitor what is required and ask that you indicate here the response time you wish:

Emergency (depending on who is available this may be met)
 Within 48 working hours
 At a particular meeting or series of meetings beginning: _____

Indicate the nature of the decision to be made (please tick only one)

<input type="checkbox"/> Serious Medical Treatment	<input type="checkbox"/> Change of Accommodation
<input type="checkbox"/> Care Review	<input type="checkbox"/> Safeguarding

For DoLS and RPR referrals please call Leeds DoLS hotline 0113 295 2347

What is the specific decision to be made?

Time and decision specific capacity assessment

Please confirm that the client lacks capacity to make the specific decision at this time

Health and Safety

Please indicate here if there are health and safety issues/risks affecting either the client or people visiting? Yes
 No
 We will contact you about a more detailed risk assessment if you indicate yes.

Please note that if you are completing this referral form but you are not the decision-maker this form may be passed to a decision-maker for authorisation before an IMCA is engaged.

I am instructing the IMCA service to do this work. I am authorised by the NHS or local authority responsible for making this decision.

Signed: _____ Date: ____/____/____

Print Name: _____

Relationship to client: _____

This form is for referrals for people who are located in Leeds at the time of referral.

On completion please return to the following:

- by secure e-mail to advonet.office@advonet.cjism.net or through mail express to office@advonet.org.uk

Please telephone if you have not received an acknowledgment within 48 working hours.

If you would like to discuss the referral, please contact us on (0113) 2440606.

The LIMCA service is commissioned by Leeds Adult Social Care and is free at point of use for referrers and decision makers.

Standards and policies

Advonet has been awarded the advocacy QPM standard, including the IMCA Specific Provider standard. Advonet has various policies and procedures which are available on request these include: Confidentiality, Equal Opportunities and Complaints Policies.

Information

Information on this form will be shared with other agencies involved with the IMCA service in accordance with the Leeds Interagency Protocol for Sharing Information. Client personal details will also be stored on the Advonet database and this should be discussed and agreed with the client before making the referral.

Deprivation of Liberty Safeguards

There is a separate procedure for Deprivation of Liberty Safeguards please telephone the Leeds DoLS hotline **0113 2952347**.

Please also make sure you complete the monitoring information on the next page and send all 4 sheets in to us.

Monitoring Information

We collect monitoring information to assess whether our services are reflective of the communities within Leeds. Monitoring information may also be required on a national basis by the Department of Health for IMCA referrals. This part of the form is detached from the main referral so that the information can be stored anonymously.

Client's details			
Gender:			
Client's background information (please give as much information as possible)			
Religion			
Christian	<input type="checkbox"/>	No belief	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	No religion	<input type="checkbox"/>
Hindu	<input type="checkbox"/>		
Jewish	<input type="checkbox"/>	Unable to establish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Sikh	<input type="checkbox"/>		
Is the client a main carer?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	Unable to establish	<input type="checkbox"/>
Sexuality			
Asexual	<input type="checkbox"/>	Heterosexual/Straight	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Lesbian/Gay woman	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Unable to establish	<input type="checkbox"/>
		Unknown	<input type="checkbox"/>
Ethnic background			
White	<input type="checkbox"/>	British	<input type="checkbox"/>
	<input type="checkbox"/>	Irish	<input type="checkbox"/>
	<input type="checkbox"/>	Other	<input type="checkbox"/>
		Black or Black British	<input type="checkbox"/>
		Black Caribbean	<input type="checkbox"/>
		Black African	<input type="checkbox"/>
		Other Black (specify)	<input type="checkbox"/>
Mixed White	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
	<input type="checkbox"/>	Other Mixed White (specify)	<input type="checkbox"/>
		Chinese or other ethnic group	<input type="checkbox"/>
		Chinese	<input type="checkbox"/>
		Other ethnic category (specify)	<input type="checkbox"/>
		Other (Specify)	<input type="checkbox"/>
Asian or Asian British	<input type="checkbox"/>	Indian	<input type="checkbox"/>
	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
	<input type="checkbox"/>	Other Asian (specify)	<input type="checkbox"/>
		Unable to establish	<input type="checkbox"/>