



Springfield Advocacy Service Referral Form

Referrals can be made by phone, fax or post (NOT e-mail due to Caldicott rules).
This form will be kept confidential.

Please forward this form or telephone through the details to:

Rethink Advocacy Service,
Room 11 & 12, Building 3, Springfield Hospital,
61 Glenburnie Road, Tooting, London SW17 7DJ

Tel: 0203 513 6055
Fax: 0208 767 7648

Client Details

Name: _____

Gender: Male Female

Permanent address: _____

Current location: _____
(i.e. inpatient ward)

Contact telephone: _____ **Mobile:** _____

Date of birth: _____

Age group: Under 17 16-25 26-40 41-60 Over 61

Ethnicity

White British	<input type="checkbox"/>	Asian British or Indian	<input type="checkbox"/>	Black British or Black Caribbean	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian British or Pakistani	<input type="checkbox"/>	Black British or Black African	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Asian British or Bangladeshi	<input type="checkbox"/>	Black Other	<input type="checkbox"/>
Mixed White Other	<input type="checkbox"/>	Asian Other	<input type="checkbox"/>	Mixed White and Black Caribbean	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Mixed White and Asian	<input type="checkbox"/>	Mixed White and Black African	<input type="checkbox"/>
Not established	<input type="checkbox"/>				
Other ethnic category <i>(Please specify)</i>	<input type="checkbox"/>			

If appropriate, please provide the following information to assist the advocacy service with providing support:

Responsible Clinician: _____

Care Coordinator: _____

CMHT: _____

Key Nurse: *(inpatient only)* _____

Solicitor: _____

Borough: _____

Does the client have any communication needs? e.g. BSL, requires interpreter

No Yes *(Please specify):* _____



Type of Advocacy

Does the client require:		
(Please tick)	Generic advocacy	<input type="checkbox"/>
	(i.e. informal inpatient, community client)	
	Independent Mental Health Advocacy (IMHA)	<input type="checkbox"/>
To qualify for the IMHA service the client must be either:		
	Detained under the Mental Health Act	<input type="checkbox"/>
	<i>Please indicate section:</i>	
	On a Supervised Community Treatment Order (S.17A)	<input type="checkbox"/>
	Subject to Guardianship (S.7)	<input type="checkbox"/>
	A conditionally discharged restricted patient	<input type="checkbox"/>
	An informal patient but (s.57) medical treatment is being proposed	<input type="checkbox"/>
	Under 18 and is being considered for ECT/s.58A treatment	<input type="checkbox"/>
<i>Please note:</i>		
<ul style="list-style-type: none"> • Those subject to Sections 4, 5(2), 5(4), 135, or 136 are not eligible for IMHA Services • There is a statutory duty on the IMHA to respond to referrals where it is made by the patient's nearest relative, an AMHP or the patient's Responsible Clinician. Generic advocacy clients may need to be put on a waiting list depending on the capacity of our caseworkers 		

Advocacy Issues

Please provide brief details of the situation that requires advocacy involvement:
Please provide details of any upcoming important dates or meetings:
<i>e.g. CPA reviews, ward round dates, appeals</i>

Referrer's Details

Date of referral:	_____
Is this a self referral?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If no, please provide details below...)</i>
Referrer's name:	_____
Relationship to client:	_____
<i>(Please state if an RC, AMHP, or Nearest Relative)</i>	
Organisation:	_____
<i>(If applicable)</i>	
Address:	_____

Telephone Number:	_____



Has the client consented to the referral to the advocacy service?

Yes No (If no, please discuss with the client before referring)

Are there any issues with the client's ability to instruct an advocate?

Yes No (If yes please provide separate details and, if appropriate, a current capacity assessment)

Risk Assessment:

(Please detail any risk issues or incidents the IMHA service should be aware of)

This section for office use only:

Date referral received: _____

Caseworker name: _____

Date taken onto caseload: _____

Advocacy Agreement

To ensure that the client understands the advocacy relationship the caseworker must ensure that the following principles are explained to all advocacy clients: (Please tick when completed)

- Confidentiality
- Waiting list
- Threatening/abusive behaviour
- Risk assessments
- (Enclose separate 'Community Safety Assessment' for new community clients)
- Complaints procedure

Notes:

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