Powys

Date of Referral:

Clients Full Name:		**DoB:**		**Male**	**Female**	**Prefer not to say**

Current Address: (must include ward name, Unit/hospital) **Post Code:** **Tel No:**	Home Address: (Home address including area and postcode) Post Code: Tel No:

Name of Referrrer:		Contact No.	

Referred by who:	□Self □Nearest Relative □RC □AC □GP/Consultant □ AMHP □Social Worker □ Police □Ward Staff □Advocate □Family / relative / friend □ Nearest Relative □Care/Residential Home □CPN □ Vol organisation □MHT □Other
Age Range	□ **<18** □ **18-24** □ **25-34** □ **35-49** □ **50-59** □ **60-65** □65-74 □ **75-80** □ **75-80** □ **81-85** □ **86-90** □ **91-95** □ **96-100** □ **100+**

Has client used Advocacy Service before?	Y	N	Clients Preferred language:	E	W	Other (please state)

Has the client been informed of their rights?	□ Y □ N	Has Client requested an IMHA?	□ Y □ N

Referral by Main Service	□EMI □AMH □CAMHS □Community Hospital □ Forensic □General Hospital □GP/Consultant □ LD □Independent Hospital

Section applicable	☐Section 5(2) ☐Section 5(4) ☐Section 4 ☐ Section 2 ☐Section 3 ☐Forensic ☐ Community Treatment Order ☐Guardianship ☐Conditionally Discharged Restricted Patient
Informal	☐Informal

☐ Compulsory Instructed	☐ Informal Instructed
☐ Compulsory Non Instructed	☐ Informal Non Instructed

Must be reason for Non-instructed:

Reason For Referral:

Any meeting dates due:

CADMHAS, Suite 3, Carlton Court, St Asaph Business Park, St Asaph.

Denbighshire LL17 0JG

Phone: 01745 816501 **Fax: 01745 814795** **E-Mail: admin@cadmhas.co.**

IMHA referrals are for patients with a Mental Disorder this can include patients:

- On a section as defined under the Mental Health Act
- Have been admitted to hospital informally as defined under the Mental Health Act
- With acquired brain injury
- With dementia type presentation
- Functional mental illness (please see Welsh Code of Practice)

Patients on a General Ward and receiving treatment for their Mental Disorder as well as physical disorder or on a Mental Health Unit should be informed of their rights to have an IMHA and a referral made to the IMHA service even if they lack capacity or have family and friends.