



## IMCA SERVICES REFERRAL FORM

**Bristol Mind IMCA service provides an Independent Mental Capacity Advocate to represent and support people in the following circumstances;**

**1. The person referred lacks capacity to make a decision concerning:**

- serious medical treatment **OR**
- long term care and health moves (more than 28 days in hospital / 8 weeks in a care home) **AND**
- they have no appropriate family or friends to represent them

**2. Referrals to the IMCA service may also be made when:**

- the person referred is subject to a care review and has no appropriate family or friends to represent them
- the person referred is subject to an adult protection case, whether or not appropriate family, friends or others are involved

**Referral Information** Please circle (or highlight if using email) where there are options

|   |  |                      |  |
|---|--|----------------------|--|
| <b>Name of client / name usually known by</b> |  | <b>Date of birth</b> |  |
| <b>Address</b>                                |  | <b>Gender</b>        |  |
|   |  | <b>Contact via?</b>  |  |
| <b>Postcode</b>                               |  | <b>Telephone</b>     |  |

|                          |                                 |                                   |  |                                     |                                |                                   |  |                    |
|--------------------------|---------------------------------|-----------------------------------|--|-------------------------------------|--------------------------------|-----------------------------------|--|--------------------|
| <b>Ethnic Background</b> | White British                   | White Irish                       | White (other background)                 | Mixed White / Black African         | Mixed White / Black Caribbean  | Mixed White / Asian               | Mixed (other background)                 | Chinese            |
|                          | Black / Black British (African) | Black / Black British (Caribbean) | Black / Black British (other background) | Asian / Asian British (Bangladeshi) | Asian / Asian British (Indian) | Asian / Asian British (Pakistani) | Asian / Asian British (other background) | Other Ethnic Group |

Please return this form to:

**Email** [imca@bristolmind.org.uk](mailto:imca@bristolmind.org.uk)

**Tel** 0117 980 0371

**Fax** 0117 927 6587

|   |                              |                         |   |                          |  |
|---|------------------------------|-------------------------|---|--------------------------|--|
| <b>Primary communication</b>  | English                      | Another spoken language | Gestures / vocalisations / facial expressions |                          |  |
|   | Pictures / symbols / Makaton | BSL                     | Other   | No obvious communication |  |
| <b>Has the person been referred for an assessment by a Speech and Language Therapist?</b> |                              |                         | Yes   | No                       |  |

|  |               |                           |                  |                      |       |
|--|---------------|---------------------------|------------------|----------------------|-------|
| <b>What is the decision to be made about?</b>                        | Accommodation | Serious medical treatment | Care Review      | Adult Protection     |       |
| <b>When does the decision need to be made by?</b>                    |               |                           |                  |                      |       |
| <b>Funding authority eg Bristol</b>                                  |               |                           |                  |                      |       |
| <b>Details of any important deadlines or important meeting dates</b> |               |                           |                  |                      |       |
| <b>Where is the person currently staying?</b>                        | Own home      | Care / nursing home       | General Hospital | Psychiatric hospital | Other |
| <b>If not at address on page 1, please give full details</b>         |               |                           |                  |                      |       |
| <b>What is the decision-maker's recommended course of action?</b>    |               |                           |                  |                      |       |

|   |   |   |       |  |
|---|---|---|-------|--|
| <b>What is your understanding of the person's capacity to make this decision?</b> | Lacks capacity at this time (but may regain capacity) | Lacks capacity for the foreseeable future |       |  |
| <b>On what basis was the decision about the person's capacity made?</b>           | Decision-maker's judgement                            | Assessment by other professional          | Other |  |

Please return this form to:

**Email** [imca@bristolmind.org.uk](mailto:imca@bristolmind.org.uk)

**Tel** 0117 980 0371

**Fax** 0117 927 6587

|   |                     |                            |                     |                          |
|---|---------------------|----------------------------|---------------------|--------------------------|
| <b>Reason the person lacks capacity</b> | Learning disability | Autistic spectrum disorder | Mental Health issue | Serious physical illness |
|   | Dementia            | Acquired brain injury      | Unconscious         | Other                    |

|  |     |    |
|--|-----|----|
| <b>Does the person have any family or friends?</b>   | Yes | No |
| <b>If the person does have family or friends, why is an IMCA needed?</b>   |     |    |
| <b>Names and contact details of anyone who may be able to indicate the wishes of the person who lacks capacity</b><br>e.g. Care Manager, GP, Manager of home, care staff, nurses or any other significant person |     |    |
| <b>Any other relevant information</b><br>Please include any information required to keep the person and / or the IMCA safe, any known advance decisions or statements etc  |     |    |

Please return this form to:

**Email** [imca@bristolmind.org.uk](mailto:imca@bristolmind.org.uk)

**Tel** 0117 980 0371

**Fax** 0117 927 6587

|   |  |                  |           |
|---|--|------------------|-----------|
| <b>Name of referrer</b>                           |  |                  |           |
| <b>Address</b>                                    |  | <b>Telephone</b> |           |
|   |  | <b>Mobile</b>    |           |
|   |  | <b>Email</b>     |           |
| <b>Is the referrer the decision maker?</b>        |  | <b>Yes</b>       | <b>No</b> |
| <b>Name of decision maker if not the referrer</b> |  |                  |           |
| <b>Address</b>                                    |  | <b>Telephone</b> |           |
|   |  | <b>Mobile</b>    |           |
|   |  | <b>Email</b>     |           |

### Consent for referral

The Data Protection Act 1998 requires us to ask for signed authorisation to say that people agree to the Bristol Mind IMCA service holding personal information about them (including the information on this form).

Since the person being referred is deemed to lack capacity, signed authorisation must be provided by the referrer, acknowledging that the person referred lacks capacity to make this decision and that this referral is being made and information provided in the person's best interests.

|   |  |             |           |
|---|--|-------------|-----------|
| <b>Consent from the referrer</b>  |  |             |           |
| I am instructing the Bristol Mind IMCA service to do this work. They may keep and put on computer the information on this form, and any other information required to do the work. I am providing this information and asking for this service in the best interests of the person concerned. |  |             |           |
| <b>Has the person been informed of this referral?</b>   |  | <b>Yes</b>  | <b>No</b> |
| <b>Signed</b>   |  | <b>Date</b> |           |

|                            |  |                     |  |
|----------------------------|--|---------------------|--|
| <b>FOR OFFICE USE ONLY</b> |  |                     |  |
| <b>Date received</b>       |  | <b>Name of IMCA</b> |  |

Please return this form to:

**Email** [imca@bristolmind.org.uk](mailto:imca@bristolmind.org.uk)

**Tel** 0117 980 0371

**Fax** 0117 927 6587