SWAN
Advocacy Network

IMCA Referral Form (initial enquiry)

Name of person referred	
Permanent address	
Telephone (if used)	
Date of birth	
Ethnic Group/Origin	
Criteria 1 (main one only)	Learning disability / mental health / dementia / serious physical illness / not known / other specify:
Criteria 2 (secondary problem if relevant)	Learning disability / mental health / dementia / serious physical illness / none / not known / other specify:
Issue (choose one)	Serious medical treatment / adult protection / change in accommodation / care review / other specify:
Move to accommodation provided by	NHS / Local Authority / not applicable / other specify:
Has this client been assessed to lack capacity?	Yes / No
Date of assessment	
Name of assessor	
By when does the decision need to be made?	
Details of any impending meetings or deadlines	
Who should we contact for more information?	

Form revised 3 Feb 2008

Who is the IMCA "Decision Maker"?
The decision maker is the individual within either the local authority or the NHS body who has the responsibility for making the decision on issues of change of accommodation or serious medical treatment on behalf of the client who has been assessed as lacking capacity on either issue.

Referrer:
Name
Job title
Organisation
Address
Telephone
Email

Decision Maker:
Name
Job Title
Organisation
Address
Telephone
Email

Person to contact to arrange meeting with client		
First meeting with client (when it has been arranged)	Date:	Time:
	With:	
	Venue:	

Visiting needs and any further useful information
(communication methods, access issues etc.)

Signature of person making the referral	**Date**

Please return this form to the IMCA Lead at SWAN Advocacy, 5 Sidmouth Street, Devizes, SN10 1LD. Or Telephone 01722 341851. Fax 01722 341379. ***Thank you.***