



Swindon Advocacy Movement
 Sanford House
 Sanford Street
 Swindon
 SN1 1HE
 IMHA 01793 616562/542575
 Fax Number 01793 423124

OPEN ACCESS TO IMHA

Client Details				
Name:				
Date of Birth:				
Home Address:		Current location of client (if not at home address):		
Post Code:				
Name and telephone number of referrer:				
Signature of referrer:				
Care co-ordinator:	Yes:		No:	
Nearest relative and contact details:				
Date:				
Does the Client have capacity to consent to a referral for an IMHA (as per 132 rights)	YES		NO	
Has the client consented to a referral to the IMHA Service? as per 132 rights)	YES		NO	
Does the client have any communication needs? e.g. BSL, requires interpreter	Yes (please specify)		No	

QUALIFYING PATIENTS FOR IMHA – DETAINED PATIENTS (Please Tick)

	Tick	Date of restriction
Is the person subject to:		
Section 2		
Section 3		
Supervised Community Treatment Order		
Guardianship Order		
Conditionally Discharged Restricted Patient		

QUALIFYING PATIENTS FOR IMHA – INFORMAL PATIENTS (Please Tick)

The right to IMHA support also applies to:

Informal patients who are discussing the possibility of being given section 57 treatment	
People under 18 who are being considered for electro-convulsive therapy (ECT)	

"Swindon Advocacy Movement is committed to safeguarding and promoting the welfare of children, young people and adults. Swindon Advocacy Movement expects all staff and volunteers to share that commitment". Here at SAM we take your privacy seriously and will only use your personal information to provide you with independent advocacy in accordance with the General Data Protection Regulations.

All information provided on the referral form and in any further dealings with Swindon Advocacy Movement will be treated as confidential and will not be disclosed to any third party without your express consent. Please see our Privacy Notice on request or on our website.