

# ADVOCACY IN POWYS IMCA REFERRAL FORM

Client Name:			
Date of Birth		Date Referral Made:	
Home Address and Postcode			
Telephone:			
Location & Postcode			
Telephone			
Brecknock & Radnorshire:		Montgomeryshire:	

## Reason for Referral (Please Tick)

Serious Medical Treatment:	
Move to accommodation (NHS body):	
Move to accommodation (Local Authority):	
Safeguarding Vulnerable Adults Procedure (LA):	
Care Review (NHS or LA):	

## State Specific Decision (Proposed Options)


## Significant Dates

When does the decision need to be made by?	
Please give details of any impending meetings or deadlines	

## Referrer and Decision Maker's Contact Details

	Referrer	Decision Maker (if not referrer)
Name:		
Job Title and Team:		
Address:		
Postcode:		
Telephone:		
Mobile:		
e-mail		

## Contact Person for Access to Records

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## Specific Cultural and Communication Needs

Language:		Ethnicity:	
Gender:		Religion:	
Sexuality:		Disability:	
Other (Specify)			

## Decision Maker's Confirmation

The decision maker is the individual within either the Local Authority or the NHS body who has the responsibility for making the decisions 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. Therefore only the decision maker is able to confirm the following\*

\* I confirm that for the above issue I am the Decision Maker on behalf of (*insert NHS body or Local Authority*) \_\_\_\_\_  
 \_\_\_\_\_ for decisions regarding (*insert client name*) \_\_\_\_\_  
 \_\_\_\_\_

Name		Signature	Date

\* I also confirm that I deem (*insert client name*) \_\_\_\_\_  
 \_\_\_\_\_ to have no-one appropriate to consult regarding this issue  
 (excepting safeguarding adults referrals)

Name		Signature	Date

\* I also confirm that (*insert client name*) \_\_\_\_\_ has been  
 deemed to lack capacity to make a decision regarding the above issue. The  
 person making the decision with regard to the client's lack of capacity in this  
 issue is (*insert name*) \_\_\_\_\_

Their relationship to the client is \_\_\_\_\_

Name		Signature	Date

### PLEASE RETURN THIS FORM TO YOUR LOCAL OFFICE

Brecknock & Radnorshire CHC 2nd Floor 2 The Struet Brecon Powys, LD3 7LH	Montgomeryshire CHC Ladywell House Newtown Powys SY16 1JB
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