

PDF, Online or Fax?

We prefer that referrals are made using our pdf forms. You can save, print and email this form on your PC. It is a quick and easy method of referral as it consists of mostly drop-down boxes and is only 2 pages long. Once you have completed the form then press the email button and the data only (a very small file) will be emailed to us. It is a very fast referral method, and negates problems of handwriting, poor fax machine quality or wrong number input, etc. At times you may not be on your own PC, in which case we also provide an online version of our form. This is almost as effective as the pdf version, however you are unable to print or save this document.

We also provide a 3 page hand-filled version of our form. At times its use may be unavoidable but please ensure that your handwriting is clear. This is especially problematic as fax machines quality of transmission can garble even the clearest type. Once you have completed this please fax it to us on the number at the bottom of the form, ensuring you have entered the correct number. Alternatively post it, but be aware that this can cause long delays.

If you use our pdf/online/fax form, you will receive an acknowledgement within two days (or often a matter of hours) by either email or telephone. If you do not, please contact us as the form may have failed to reach us.

FILLING IN THE REFERRAL FORM

Personal details

Please give us as much information as you can here, including where the client currently is and how to contact them there and where they usually reside e.g. their own home/care home.

The funding authority is the Local Authority or Primary Care Trust responsible for funding the person.

What is the persons ethnic background?

Please select from the list available.

What is the persons primary communication method?

Please select from the list available.

This will assist us in our communication with the person when we meet them.

What is the Decision that needs to be made? (reason for referral)

An IMCA can only be instructed in one of five scenarios: accommodation move, serious medical treatment, care reviews and safeguarding adults, in which case use our forms. The standard forms for Deprivation of Liberty Safeguards (DoLS) should be used, and in this instance it is only the Supervisory Body who can instruct us.

Please give details of the decision and any significant dates

Please tell us more about the decision being proposed, the reasons for this and when a final decision is likely to be made. Please tell us about any dates, for example best interests meetings, operations etc. The more information you give us will help us to prioritise how quickly an IMCA is needed.

Before a final decision is made, the decision maker must consider the IMCA report, therefore the IMCAs require sufficient time to meet with the person, speak with others and gather the information they need to compile their reports.



Has there been a Capacity Assessment regarding this decision?

An IMCA can only be involved where someone has been assessed as lacking the capacity to make that particular decision. It would usually be the decision maker who completes the capacity test.

Please see section 4 of the Code of Practice for more information on assessing capacity.

What is the reason or cause for the person's lack of capacity?

Please select from the list available.

Decision Maker's Contact details

The decision maker is the person employed by the local authority/NHS who are proposing the decision, usually a doctor or social worker. If you are not the decision maker, please include details of who is, as the IMCAs are legally unable to begin working on a case until the decision maker has instructed us.

Are there any family members, (non-paid) carers, friends, etc to consult?

Please select from list. An IMCA only becomes involved where there are no family or friends who are 'appropriate to consult'.

Please refer to sections 10.74-10.80 of the code of practice for further guidance on 'appropriate to consult'.

If you stated that they are not appropriate to consult, please explain.

Please provide us with more information here, including reasons why they are considered 'not appropriate to consult'. The reason cannot be that there is disagreement with you, or amongst family members or friends.

Names, contact details and relationship of anyone who knows the person or may be able to provide information

Part of the IMCAs role is to consult with people who know the person, either personally or professionally. Please provide us with contact details of people we may need to speak with, e.g. friends, family, neighbours, OT, care manager, support worker, day centre, GP, community nurse, colleagues, etc.

Any other specific needs or relevant issues?

Please tell us about anything else you believe to be relevant that you have been unable to tell us elsewhere on this referral form. Are there any risks associated with this person? Please include any further information you have about the persons communication needs, where best to meet with them and who to contact to arrange this.

Referrer Information

Please complete your details. If you are also the decision maker you will have already completed your contact details.

Please date the form so that we know when the referral form was completed.

What next?

After you have sent us the form, you will receive an acknowledgement within two days, if you do not then please contact us. One of our team will contact you to discuss the case and arrange visits.

If you are unsure, or wish to discuss the case contact us!

0845 6436316

imcaberkshire@matrixsdt.com