



You should receive an acknowledgment within two days.
Contact us if you do not, or if you have any problems.

Personal details

Clients name:

Date of Birth:

Gender:

Current location at present:
(incl. Postcode & telephone)

Usual Address:
(e.g. residence, if
different from above,
incl. telephone)

Does the client know that you have made the referral?

If a client has capacity to instruct us, an IMHA can only work with them if they wish it.

Are they the responsibility of Surrey LA/PCT and/or registered with a Surrey GP?

IMHA eligibility is based on which LA/PCT are responsible for the individual e.g. if they are placed 'out of area', their legal right is to access the IMHA service commissioned by the LA/PCT that funds their placement.

Do they meet the Qualifying Patient Criteria (as defined under the MHA2007)?

*Note: The IMHA service is only for those subject to the powers of the MHA83 (amended) listed above **but not** those patients detained under emergency holding powers (Sections 4, 5(2), 5(4), 135 or 136).*

What is the reason for this referral? (advocacy issue)

Any other information that you feel is relevant to this referral?

(e.g. communication challenges, relevant risk assessments, restricted access, impending deadlines, etc)

Referrer's Contact details

Name:

Job title

Team:

Address:

(incl. Postcode)

Telephone:

Mobile:

Email:

Donna Moffatt IMHA– West Surrey

☎ 07931522120

✉ imhasurrey@matrixsdt.com

🌐 www.matrixsdt.com

✉ Matrix (IMHA), 2 The Green, North Waltham, Hampshire. RG25 2BQ.