**HEALTH IDVA REFERRAL FORM**

All sections must be completed, if you don’t have all the information please contact the Health IDVA before making the referral

Please return completed forms to [idvacambs@nhs.net](mailto:idvacambs@nhs.net)

Health IDVA duty number 07713 919229 (office hours)

**Date of Referral:** Click or tap here to enter text.

**Informed consent for sharing details required for referral?** Y N

**Referrer’s name**: Click or tap here to enter text.

**Agency:** Click or tap here to enter text.

**Job Title:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text. **Phone Number:** Click or tap here to enter text.

**Client/Patient Name:** Click or tap here to enter text.

**DOB:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Gender:**Click or tap here to enter text.

**Ethnicity:** Choose an item.

**Relationship to abuser:** Click or tap here to enter text.

**Safe contact number and safe times to call:** Click or tap here to enter text.

**Names and DOB of any children or adults at risk**:

|  |  |  |
| --- | --- | --- |
| **Name** | **DOB** | **Relationship to Client** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**Name of alleged abuser:** Click or tap here to enter text.

**DOB of alleged abuser (if known):** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Gender:** Click or tap here to enter text.

**Ethnicity:** Choose an item.

**Brief description of incident/reason for referral:** Please note abuse must be current or separation in the last 3 months following a relationship where the victim was subjected to abuse Click or tap here to enter text.

**Definition of Domestic Abuse**

*Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if—*

*(a)A and B are each aged 16 or over and are personally connected to each other, and*

*(b)the behaviour is abusive.*

*(3) Behaviour is “abusive” if it consists of any of the following—*

*(a)physical or sexual abuse.*

*(b)violent or threatening behaviour.*

*(c)controlling or coercive behaviour.*

*(d)economic abuse*

(e)psychological, emotional or other abuse.

**The abuse can be a single incident or a course of conduct/pattern of behaviour**.

*The relationship between the DA victim and the alleged abuser is defined as:*

1. they are, or have been, married to each other.
2. they are, or have been, civil partners of each other.
3. they have agreed to marry one another (whether or not the agreement has been terminated).
4. they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
5. they are, or have been, in an intimate personal relationship with each other.
6. they each have, or there has been a time when they each have had, a parental relationship in relation to the same child.
7. they are relatives.

Client consent

The Health IDVAs accept referrals at all risk levels where there is current domestic abuse or separation in the last 3 months following a relationship where the victim was subjected to abuse. If the case is high risk (score of 17 or more on the DASH), then it can be referred to MARAC. Although preferable, consent is not required for referring to MARAC.

If the score is below 17, you can still refer to the Health IDVAs, but you will need consent from the client for this.

If you have any queries, please email the Health IDVA [idvacambs@nhs.net](mailto:idvacambs@nhs.net)

Or call the Health IDVA Duty on 07713 919229