



Mind in Bexley  
240A The Broadway  
Bexleyheath  
Kent,  
DA6 8A5

**Fax Referral form for Children's IMHA Service (Bexley residents only)**

(Please use this referral template or include the details below in a referral letter)

CLIENT NAME

DATE OF BIRTH

ADDRESS

GENDER

MALE

FEMALE

SELF REFERRAL

YES

NO

ADMISSION DATE

CONTACT NUMBER

SECTION NUMBER

NAME OF REFERRER

REFERRAL DATE

RELATIONSHIP TO CLIENT

REFERRER CONTACT NUMBER

INTERPRETER NEEDED

YES

NO

Ethnicity

White

Mixed Ethnicity

Asian / Asian British

Black / Black British

Other

Not Stated

Please complete and return by fax to John Nixon

Telephone: 020 8303 5816 - OPTION 4

Fax: 020 8301 6815