**Nearest Relative Service   
Instruction Form**

**E-mail**: [PNR@mhmwales.org](mailto:PNR@mhmwales.org) **Telephone**: 01656 651 450

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| **Details of person being referred to the Nearest Relative Service:** |
| Full Name: |
| Address: |
|  |
|  |
| Postcode |
|  |
|  |
|  |
| **Contact Number** Landline : Mobile: |
| Email: |
| **Date of Birth:** **Age:** **Gender**: 🗆 Male 🗆 Female |

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| **Are there any risks associated with this instruction?** |
|  |

Access to PNR will **ONLY** be arranged where **no other appropriate individual** is able to represent that person’s views, wishes and feelings. Please ensure your client is eligible to seek an nearest relative*.* The role of Nearest relative is a special term used in the [Mental Health Act 1983.](https://www.legislation.gov.uk/ukpga/1983/20/contents)  A person is entiled to a Nerest Relavitve if they are:

* detained in hospital under sections 2, 3, 4 or 37
* under a community treatment order, or
* under a guardianship.

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| **Reason for the requirement of a Paid Nearest Relative** |
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**Has referral been discussed and agreed by person?** **YES** **NO**

**What is the person’s primary method of communication?**

**🗆** Welsh **🗆** English **🗆** Another Spoken Language  **🗆** BSL **🗆** Other **🗆** Gesture/ vocalisations/ facial expressions **🗆** No obvious means of communication

**Ethnic Background**

**🗆** White British **🗆** White Irish **🗆** Black Caribbean **🗆** White/ Asian

**🗆** White/ Black Caribbean **🗆** Bangladeshi **🗆** Indian **🗆** Chinese

**🗆** Mixed Background **🗆** Black African **🗆**Other Ethnic Group **🗆** Pakistani

**Referrer:**

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title**  **Organisation** |  |
| **Address** |  |
|  |  |
|  |  |
| **Telephone number** |  |
| **Mobile** |  |
| **Email address** |  |
| **Date of Instruction** |  |