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**MEDICAL FOUNDATION – MEDICO LEGAL REPORT SERVICE**

**CASE REFERRAL FORM**

***All Sections Must Be Completed in Full***

**PLEASE SEND BY EMAIL ONLY TO**

**MLRreferrals@freedomfromtorture.org**

**REMIT**

Please confirm your client comes within our remit (the answer must be yes to all three questions):

Has your client suffered severe physical or mental pain or suffering? **YES/NO**

Was the purpose of the ill treatment to obtain a confession; punish him or her for an act s/he or a third person has committed or is suspected of having committed; intimidate or coerce him/ her; or for any reason based on discrimination of any kind? **YES/NO**

Was the actor of the persecution acting in an official capacity or with the consent or acquiescence of a public official or a member of a defined group with a common political, ideological or religious purpose or ethnic identity and exercising effective power? **YES/NO**

Unfortunately, we have very limited capacity and are unable to see people who do not come within this remit. People who have suffered at the hands of non-state actors are **not excluded from our remit**. However, we are unable to consider victims of domestic violence, FGM or trafficking. The remit may also include those who have been traumatised by observing torture or related violence on others close to them in relationship or proximity, particularly at a young age. It is not within our remit to consider violence perpetrated by groups in pursuit of purely criminal gain.

**Can you explain briefly, below why your client falls within our remit?**

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**DOCUMENTS REQUIRED:**

**We are unable to consider a referral without the relevant documents. We will consider referrals without witness statements but not unsigned/ undated statements.** Please scan, label, and date each document separately.

Witness statement (must be signed and dated) **YES/NO**

Screening interview **YES/NO**

SEF Interview **YES/NO**

UKVI Decision Letter (RFRL) **YES/NO**

Appeal Determination **YES/NO**

Rule 35 Report **YES/NO**

UKVI Response to Rule 35 Report **YES/NO**

Any Other Medical Evidence **YES/NO**

Copy of Any Fresh Claim for Asylum **YES/NO**

Any Other Representations Submitted **YES/NO**

Photographs Submitted (Digital/clear colour images) **YES/NO**

**CLIENT DETAILS:**

First name:

Last name:

Date of Birth

Gender:

Address:

Phone number:

Nationality:

Interpreter required: **YES/NO**

Language required:

Interpreter gender preference: **MALE/FEMALE/EITHER**

Doctor gender preference\*: **MALE/FEMALE/EITHER**

\*Female clients will only see female doctors

**LEGAL REPRESENTATIVE’S DETAILS**

Name of legal representative:

Firm name and address:

Direct line:

Mobile and email address (email is our preferred method of communication):

Solicitor’s reference number:

**TYPE OF REPORT REQUESTED:**

Medico-Legal Report (combined physical/ psychological report) **YES/NO**

Psychological Therapy Report (for FfT therapy clients only)  **YES/NO**

Clinical Letter (for FfT therapy clients only)  **YES/NO**

Clinical Response Letter (please include decision letter/determination) **YES/NO**

Addendum or Supplementary Report **YES/NO**

Any Special Instructions:

Please state any court or other deadline for the report:

(We rely on you to keep us fully informed of any deadlines you are aware of. If you do not inform us of a deadline, such as a hearing date that conflicts with the agreed target issue date for the report we are unlikely to be able to alter this date).

**STAGE OF THE CASE**

Pre- Asylum Decision **YES/ NO**

Third Country **YES/ NO**

Appeal **YES/ NO**

Fresh Claim Context **YES/ NO**

Judicial Review **YES/ NO**

**TYPE OF CASE**

Non Detained Asylum **YES/ NO**

Detained Asylum (not in fast track) **YES/ NO**

**DESCRIPTION OF TORTURE (Please indicate where this is referred to in the relevant documents; screening interview, SEF or witness statement)**

Suspended  **YES/NO**

Suffocated **YES/NO**

Submerged  **YES/NO**

Kept naked  **YES/NO**

Sexual assault **YES/NO**

Burnt  **YES/NO**

Cut **YES/NO**

Electric shock **YES/NO**

Toenails/ fingernails removed **YES/NO**

Falaka (beating on soles of feet)  **YES/NO**

Beaten/ kicked  **YES/NO**

Lost consciousness  **YES/NO**

Solitary confinement **YES/NO**

Other (please specify):

**PHYSICAL EVIDENCE OF TORTURE** (Please explain if your client has indicated to you that they have any lesions (scar or mark) and how they were caused – without this information we will be unable to determine whether the doctor will have anything to write about in a report and cannot assess whether the report will make a material difference – these are the additional criteria upon which we decide which cases to accept given our limited capacity)

**PSYCHOLOGICAL CONDITION** (e.g. nightmares, disturbed sleep, abnormal behaviour, self-harm, flashbacks, relationship problems. Please include as much detail as possible – including about when these started and how/if the client links these to torture - as explained above, we use this information to determine which referrals to accept).

**MEDICAL TREATMENT**

Any physical/ psychiatric treatment in country of origin? Please detail:

Any physical/ psychiatric treatment in UK? Please detail:

**GP Details:** (if your client is unregistered with a GP, this web link ( ) may assist your client.

**OTHER INFORMATION**

Is client legally aided: **YES/NO**

Which centre would you prefer your client to be seen? Please indicate your order of preference.

London ( ), Birmingham ( ), Manchester ( ), Newcastle ( ), Glasgow ( )