NHS Number:	**LPS Episode Reference ID:**

LIBERTY PROTECTION SAFEGUARDS

Referral for an unscheduled review

Full name of the person to whom the referral relates		Date of birth	
The person's usual address and contact details if known			
Your name			
Your role or relationship to the person named above			
Your contact details	Tel:		
	Email:		

The following arrangements for care or treatment appear to give rise to a deprivation of liberty for the following reasons *(Include as much detail about the arrangements and the locations where they take place as possible. Include arrangements for transport if this information is known)*

IS AN UNSCHEDULED REVIEW OF EXISTING ARRANGEMENTS REQUIRED? (*Please put an X, as appropriate, below)*

Is a variation to the current arrangements being proposed?	YES	NO
Is a reasonable request being made by someone with an interest in the arrangements?	YES	NO
Has the person become subject to mental health arrangements (e.g. they are detained under the Mental Health Act)?	YES	NO

Has the person become subject to mental health requirements (e.g. a condition is imposed on the person's Community Treatment Order under the Mental Health Act)?	YES	NO
Is there a significant change in the person's condition or circumstances?	YES	NO
Is the person now objecting to the arrangements?	YES	NO
Has a relevant person provided new information?	YES	NO
If YES to any of the above, please provide details		
OTHER USEFUL INFORMATION - Please provide any other useful information		
Signature		
Print name		
Date:		
TO BE COMPLETED BY THE RESPONSIBLE BODY		
If the original Pre-Authorisation Review was not by an AMCP, is there reason to believe that the person does not wish to reside in the place or receive care or treatment in the place. If so an AMCP should conduct the review	YES	NO

If YES, please describe			
REPRESENTATION AND SUPPORT			
Has an Appropriate Person been appointed		YES	NO
If YES please provide their name(s) and contact details			
Has an IMCA been appointed?		YES	NO
If YES please provide their name(s) and contact details			
Sensory Loss		Communication Requirements	