Please send by email to [MLR@freedomfromtorture.org](mailto:MLR@freedomfromtorture.org)

| **Name** | |  | | | | | | | | | | | | | | **DoB** | | |  | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Stage** | | Choose an item. | | | | | | | | | | | | | | **Under 18?** | | | Y / N | | |
| **Nationality** | |  | | | | | | | | | | **Gender** | | | |  | | | | | |
| **Client address** | |  | | | | | | | | | | **Detained in UK?** | | | | Choose an item. | | | | | |
| **Phone** | |  | | | | | | | | | | **Email** | |  | | | | | | | |
| **Language** *- please specify a specific regional dialect if required* | | | | | |  | | | | | | **Interpreter** | | | | | Choose an item. | | | | |
| **Doctor gender preference**  *Female clients will see female doctors* | | | | | | M / F | | | | | | **Interpreter gender preference** | | | | | M / F | | | | |
| **Current therapy client at FfT?** | | | | | | Y / N | | | | | | **FfT Centre** | | | | | Choose an item. | | | | |
| **GP details -** *please include email address* | | | |  | | | | | | | | | | | | | | | | | |
| **Legal Representative Details** | | | | | | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | | **Firm** | |  | | | | | | | |
| **Email** |  | | | | | | | | | | | **Phone** | |  | | | | | | | |
| **Address** |  | | | | | | | | | | | | | **Solicitor’s ref number** | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Remit -** *not necessary to complete this section for existing therapy clients.*  Unfortunately, we have very limited capacity and are unable to see people who do not come within our remit. It is not within our remit to consider violence perpetrated by groups in pursuit of purely criminal gain. 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? | | | | | | | | | | | | | | | | | | | | | Y / N |
| 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? | | | | | | | | | | | | | | | | | | | | | Y / N |
| 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? | | | | | | | | | | | | | | | | | | | | | Y / N |
| Comments: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Documents and Instructions** | | | | | | | | | | | | | | | | | | | | | |
| You can make a referral to us at any stage of your client’s case. We are unable to consider a referral without the core documents relating to the asylum claim.  **Please scan, label, and date each document separately**. If this is not possible please provide an index to any bundle of documents you submit. Please direct us to the relevant part of any document, for example where the torture is described, as this helps us when considering your referral. | | | | | | | | | | | | | | | | | | | | | |
| **Legal Documents** | | | | | | | | | | | | | | | | **Document**  **Dated** | | | | **Attached** | |
| Screening Interview | | | | | | | | | | | | | | | | Enter date | | | | Y / N | |
| SEF Interview | | | | | | | | | | | | | | | | Enter date | | | | Y / N | |
| Witness Statement (must be signed and dated) | | | | | | | | | | | | | | | | Enter date | | | | Y / N | |
| UKVI Decision Letter (RFRL) | | | | | | | | | | | | | | | | Enter date | | | | Y / N | |
| Appeal Bundle Chronology | | | | | | | | | | | | | | | | Enter date | | | | Y / N | |
| Appeal Witness Statement (must be signed and dated) | | | | | | | | | | | | | | | | Enter date | | | | Y / N | |
| Appeal Determination | | | | | | | | | | | | | | | | Enter date | | | | Y / N | |
| Rule 35 Report | | | | | | | | | | | | | | | | Enter date | | | | Y / N | |
| UKVI Response to Rule 35 Report | | | | | | | | | | | | | | | | Enter date | | | | Y / N | |
| Copy of Any Fresh Claim for Asylum | | | | | | | | | | | | | | | | Enter date | | | | Y / N | |
| Any Other Representations Submitted | | | | | | | | | | | | | | | | Enter date | | | | Y / N | |
| Photographs Submitted | | | | | | | | | | | | | | | | Enter date | | | | Y / N | |
| (Right click to add more rows) | | | | | | | | | | | | | | | |  | | | |  | |
| **Medical Records** | | | | | | | | | | | | | | | | | | | | | |
| **GP records** **need to be secured at the earliest opportunity** and ideally they will be submitted with this referral. We recommend making a Subject Access Request – you can [use this link](https://ico.org.uk/for-the-public/make-a-subject-access-request/subject-access-request-service/) to begin the process. Please ensure you ask for “*A full set of all GP records including all consultations, referrals and related correspondence (including hospital letters)*”. Due to case law requirements[[1]](#footnote-1) we are unlikely to be able to progress your referral until we have the GP records. If you experience any difficulties securing medical records please let us know and we will try to assist you. | | | | | | | | | | | | | | | | | | | | | |
| Complete GP records (please ensure you have read the information above) | | | | | | | | | | | | | | | | Enter date | | | | Y / N | |
| IRC medical records (if applicable) | | | | | | | | | | | | | | | | Enter date | | | | Y / N | |
| Any Other Medical Evidence | | | | | | | | | | | | | | | | Enter date | | | | Y / N | |
| (Right click to add more rows) | | | | | | | | | | | | | | | |  | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Type of Report** - We can produce other forms of expert witness evidence, for example accommodation suitability reports, psychological-only reports, clinical response letters. | | | | | | | | | | | | | | | | | | | | | |
| **Type of Report Requested:** | | | | | | | | | Choose an item. | | | | | | | | | | | | |
| **Special Instructions**  **All Medico Legal Reports from Freedom from Torture follow the guidance provided by the Istanbul Protocol.** Every clinician considers, where relevant:   * An Istanbul Protocol assessment of your client’s physical and psychological symptoms; * Current health, treatment needs and prognosis; * Risk issues pertaining to your client; * Your client’s ability to give their account; * Possibility of embellishment or fabrication of the clinical picture.   If you wish us to consider anything in addition to the above you are welcome to provide us with Special Instructions (please include in box below).  Please be aware that we will liaise with you in advance of seeing your client if there are any aspects of the instructions we need to clarify. | | | | | | | | | | | | | | | | | | | | | |
| **Any Special Instructions (see above)?** | | | | | | | | |  | | | | | | | | | | | | |
| **Please state any Tribunal or other deadlines relevant to when the report is issued** | | | | | | | | |  | | | | | | | | | | | | |
| **If the client has ever been detained in the UK please give details and seek to secure their medical records for the period of detention** | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Funding** | | Choose an item. | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Description of Torture** | | | | | | | | | | | | | | | | | | | | | |
| Suspended | | | | | | | Y / N | | | | | Electric shock | | | | | | | | Y / N | |
| Suffocated | | | | | | | Y / N | | | | | Toenails/fingernails removed | | | | | | | | Y / N | |
| Submerged | | | | | | | Y / N | | | | | Falaka (beating on soles of feet) | | | | | | | | Y / N | |
| Kept naked | | | | | | | Y / N | | | | | Beaten / kicked | | | | | | | | Y / N | |
| Sexual assault | | | | | | | Y / N | | | | | Lost consciousness | | | | | | | | Y / N | |
| Burnt | | | | | | | Y / N | | | | | Solitary confinement | | | | | | | | Y / N | |
| Cut | | | | | | | Y / N | | | | | Other (please specify below) | | | | | | | | Y / N | |
| Comments: | | | | | | | | | | | | | | | | | | | | | |
| Has your client indicated that they have scars or marks attributed to ill treatment? Please provide details if known. | | | | | | | |  | | | | | | | | | | | | | |
| Does your client suffer from any psychological symptoms such as nightmares and disturbed sleep? Please provide details if known. | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Medical Treatment** *(Please give details)* | | | | | | | | | | | | | | | | | | | | | |
| Any physical / psychiatric treatment prior to arrival in the UK? | | | | | | |  | | | | | | | | | | | | | | |
| Any physical / psychiatric treatment in the UK? | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Further information** | | | | | | | | | | | | | | | | | | | | | |
| **Which centre would you prefer your client to be seen in?**  We may not have capacity to offer an appointment in your client’s preferred centre.  If they are able to travel to another centre it may be possible to offer an earlier appointment.  Please consider whether they would be able to travel, taking into consideration their psychological and physical wellbeing. | | | | | | | | | | | | | | | | | | | | | |
| *(Please indicate your first choice and, if the client is able to travel, the order of preference.* | | | | | | | | | | | London | | | | |  | | | | | |
| Birmingham | | | | |  | | | | | | Manchester | | | | |  | | | | | |
| Glasgow | | | | |  | | | | | | Newcastle | | | | |  | | | | | |
| If your client is in receipt of Asylum Support, funding for travel costs can be applied for via [CoC@migranthelpuk.org](mailto:CoC@migranthelpuk.org). In the alternative, you may be able to seek a disbursement to cover these costs. | | | | | | | | | | | | | | | | | | | | | |
| **Remote appointments** | | | | | | | | | | | | | | | | | | | | | |
| We usually see clients face-to-face at least once but sometimes additional appointments are done remotely (via phone or video). Please indicate whether a remote appointment would be possible (i.e. does your client have access to a suitable device / WiFi and somewhere private?). | | | | | | | | | | | | | | | | Phone | | | | Y / N | |
| Video  *(e.g. Zoom)* | | | | Y / N | |
| If a remote appointment is not possible, please give the reason: | | | | | | | | | |  | | | | | | | | | | | |
| **Risk Issues** | | | | | | | | | | | | | | | | | | | | | |
| From the information available to you, are you aware of any history of violent behaviour? If yes, please give details below. | | | | | | | | | | | | | | | | Y / N | | | | | |
| Are there any other issues that we should be aware of in order to manage the appointment safely (e.g. current suicidal intent or psychosis)? If yes, please give details below. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Completed by** | | |  | | | | | | | | | | **Date** | | Enter date | | | | | | |

1. [HA (expert evidence; mental health) Sri Lanka [2022] UKUT 00111 (IAC)](https://tribunalsdecisions.service.gov.uk/utiac/2022-ukut-00111) [↑](#footnote-ref-1)