



Medico-Legal Referral Form

To Be Completed by a Solicitor for Medico-Legal Assessment ONLY
Please ensure form is completed clearly, giving as much information as possible

SPIRASI ID No:

1. Personal Details of Client: (in BLOCK CAPITALS please)

First Name:	Family Name:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Current address:
Date of Birth:	
Country of Origin:	
Native language(s):	Telephone No:
Separated Child (unaccompanied): Yes <input type="checkbox"/> No <input type="checkbox"/>	E-mail:
Marital Status:	Person ID No:
Number of dependants in Ireland:	Application Reference No:
Number of dependents in Country of Origin:	RLS Reference No:
Interpreter Required: Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, which language(s):	

2. Residency Status: (Please tick the relevant box.)

Asylum Seeker Refugee Other (Please specify) _____

3. If seeking protection, please identify the stage for which this report is intended:

- IPO IPAT Refugee refusal only IPAT Refugee and Subsidiary Protection refusal
IPAT Subsidiary Protection refusal only Judicial Review
Humanitarian Leave to Remain Deportation

4. Does the client claim torture, inhumane or degrading treatment in their country of origin?

Yes No

If Yes, Please tick the following relevant box(es):

Has the client disclosed this in their International Protection Questionnaire?

Has the client disclosed this at the IPO Substantive Interview?

5. Details relating to detention and/or ill-treatment:

(Please ensure all information relating to claims of torture, degrading and inhuman treatment is documented)

a. Detention in country of origin:

Arrested and/or detained? Yes No If Yes: Year _____ Month: _____

Where? Country _____ Facility: _____

Why? _____

If more than once, how many times detained? _____ For how long in total? _____

b. Nature of claimed torture/inhuman or degrading treatment:

(Please check the relevant box(es))

1. Beating With what? _____

2. Kicking Type of footwear? _____

3. Cuts 4. Burns 5. Suspension 6. Suffocation 7. Submersion

8. Electric Shock 9. Toe/fingernail removal 10. Sexual Assault 11. Rape

12. Solitary Confinement

13. Other (please specify): _____

Who carried out the above? _____

c. Evidence of Physical Injury

(Please list physical evidence of injuries stated by client or observed by interviewer.)

d. Current physical/psychological symptoms reported by the client:

Does the client suffer from:

Headaches Chronic Pain Nightmares Suicidal Ideation Appetite Problems

Behavioural Problems Acute Anxiety Depression Flashbacks Insomnia

Other? _____

e. Medical treatment/surgery in country of origin in relation to the claim of torture, inhumane, or degrading treatment:

6. Current situation:

a. Any treatment/surgery in Ireland relating to the above? If so, what:

b. Current medication details (if known):

7. Name and contact details of relevant health care professionals:

>> N.B. SPIRASI WILL NOT SEE CLIENT UNLESS THEY ARE REGISTERED WITH A GP <<

GP Name/Address/Tel/Fax	AMO Name/Address/Tel/Fax

8. Name and contact details of relevant legal representatives:

Solicitor's Name/Address/Tel/Fax	Caseworker's Name/Address/Tel/Fax

9. Please provide the following documents (if available) ticking the boxes of those you provide:

IPO 1 Form

International Protection Questionnaire

IPO Interview Notes

Section 39 Report

Examination of File under Section 49 (3) of the International Protection Act 2015

Any medical or psychiatric documentation relating to client

10. Referrer Signature: _____ **Date:** _____

11. Client Signature: _____ **Date:** _____

Please return or contact for enquiries:

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