



East Cheshire Hospice Dementia Living Well/Buddy Volunteer Programme Referral

PLEASE COMPLETE ALL FIELDS
Fax No 01625 666 995

Carer Details

Title: Mr / Mrs / Ms / Miss / Dr / Other _____

Surname _____

Forename(s) _____

Date of Birth ___/___/___ Ethnicity _____

Gender _____ Religion _____

Address _____

Post Code _____

Telephone ☎ _____

Mobile ☎ _____

Email _____

Is Carer aware of Referral? YES NO

Does Carer live with person with dementia? YES NO

Does the Care have any other help and support? YES NO

If "YES" please state: _____

Carer NHS Number _____

Emergency Contact _____

Relationship to Carer _____

Next of Kin _____

Next of Kin Address _____

Next of Kin Tel ☎ _____

Next of Kin Mobile ☎ _____

For Hospice Use Only

Referral received ___/___/___

Carer ID Number _____

Carer GP Details

GP Name _____

Practice Address _____

Post code _____

Telephone ☎ _____

Email _____

Carer health:

Any known allergies (please specify)

Any relevant health conditions i.e.

diabetes, asthma

Information about the Person with Dementia

Name _____

Date of Birth _____

Gender _____

Religion _____

Ethnicity _____

Does the person with dementia live alone? **YES** **NO**

Address if different to carer _____

GP _____ Does the person have a formal Diagnosis of Dementia? **YES** **NO**

Where diagnosis made? _____ Date of Diagnosis ____/____/____

Type of dementia if known _____

Other known health conditions _____

Any ongoing treatments? _____

Known allergies? _____

Is there a "This is Me" booklet or "Patient Passport"? **YES** **NO**

***Please enclose/attach if "YES"**

If "NO" please include significant information below i.e life history, likes, dislikes, occupation, preferred name, relevant/significant people, communication issues, mobility, any support needs etc.)

Please complete details below in order for the Sunflower Centre to contact the referrer if further details are required.

Referrer Details

Name (Please Print) _____

Signature _____

Designation _____ Contact Number _____

Date ____/____/____

For further information or clarification please contact the Sunflower Centre: 01625 665685