**East Cheshire Hospice Community**

 **Dementia Companion Service Referral Form**

***Email to:* ecccg.echospicesfc@nhs.net**

***Post to: C. Halsey, East Cheshire Hospice, Millbank Drive, Macclesfield. SK10 3DR***

***Or Fax to: 01625 666 995***

GP Details

GP Name \_ Practice Address

Post code

 Telephone 

 Email

Diagnosis (how does illness affect the client/you?):

Any known allergies (please specify)

Any other relevant health conditions i.e.

diabetes, asthma

Any other important health information?

**For Service Use Only**

Date referral received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date actioned:

By whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMIS: Y N Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NHS Number

Emergency Contact

Relationship

Next of Kin

Next of Kin Address

Next of Kin Tel 

Next of Kin Mobile 

**Person needing the service:**

Title: Mr / Mrs / Ms / Miss / Dr / Other Surname Forename(s)

Date of Birth / / Ethnicity

Gender Religion

Address

Post Code

Telephone 

Mobile 

Email

If not a self-referral, is the person aware of referral? YES NO

Do they live alone? YES NO

Help and support/care package:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## The following information will help us match a companion to the person’s/your needs:

## Please give us a little more information about the person/yourself and family e.g. family members, interests, hobbies,

## likes, dislikes, pets, previous jobs, preferred name……….

##  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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##  Any other important/relevant information:

|  |
| --- |
|  |

## Please tell us what the person/ you would like the companion to help with:

|  |  |  |  |
| --- | --- | --- | --- |
| Companionship, chatting, “being with” |  | Maintaining previous hobbies/interests |  |
| Reading to/with person with dementia |  | Attending appointments |  |
| Assisting with activities outside the home |  | Feeding/supporting pets  |  |
| Walking dog |  |  |  |
| Visiting friends unable to visit you e.g. someone in hospital |  |  |  |
| Respite for carer |  |  |  |

##

***Please complete details below in order for us to contact the referrer***

## Name of referrer (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_