East Cheshire Hospice
Where people come to live

Enquiries: Admiral Nurse 01625 666990
Send to: ecccg.echospicedementia@nhs.net
Fax - 01625 666995
Millbank Dr, Macclesfield, SK10 3DR

ECH Dementia Referral

*Please ensure you've read the referral criteria, complete as much as possible, ensuring details are correct. Incorrect data can mean we cannot locate them on the system. As a minimum please complete anything in **BOLD***

CARER

Consent

Has the carer consented to the referral?

YES ◯ **NO** ◯

(for more than 1 carer from the same family please use separate forms)

Firstname

Surname

Gender

Date of birth

Address *(line 1)*

Contact #

GP practice

NHS No. (*if known*)

GP must be within East Cheshire CCG

PERSON LIVING WITH DEMENTIA (PLWD)

Consent

Has the PLWD/ carer consented to ECH staff involved in their care to view their GP & health records if necessary

YES ◯ **NO** ◯

Firstname

Surname

Gender

Date of birth

Address *(line 1)*

Contact #

GP practice

NHS No. (*if known*)

GP must be within East Cheshire CCG

SERVICE YOU ARE REFERRING TO

Carers Wellbeing 8 wk course ☐ **Community Dementia Companions** ☐

CARING DETAILS

What type of dementia is diagnosed & approx. when?

What relationship does the carer have to the PLWD?

Does the PLWD live alone? Yes ◯ No ◯

If no please explain

Is the PLWD aware of the referral? Yes ◯ No ◯

If no please explain

Can the PLWD toilet unaided? Yes ◯ No ◯

If no please explain

Can the PLWD eat and drink unaided? Yes ◯ No ◯

If no please explain

Is there any mobility issues? Yes ◯ No ◯

*If **yes** please explain*

Does the carer need our Admiral Nurse? Yes ◯ No ◯

*If **yes** please explain*

Any other comments:

East Cheshire Hospice
Where people come to live

Enquiries: **Admiral Nurse 01625 666990**
Send to: ecccg.echospicedementia@nhs.net
Fax - 01625 666995
Millbank Dr, Macclesfield, SK10 3DR

WHY ARE YOU REFERRING TO THIS SERVICE?

What hobbies, interests, likes and dislikes does the PLWD have?

WHAT ARE YOUR DETAILS? *If self-referral, please ignore job title and company*

Name: ……

Job title ……

Company ……

Tel number ……

Signature ……

Date: ……

INTERNAL USE ONLY

Date received: ……

Date inputted on EMIS ……

Inputted on EMIS by: ……

WBP ONLY

Date invite letter sent ……

Date call back took place ……

Any other comments