

Dementia Services Referral

Please check referral criteria and remit on the website before referring

Please tick which service/s you require

<input type="checkbox"/>	SERVICE NOT AVAILABLE DUE TO MATERNITY LEAVE 1:1 Admiral Nurse Support – person experiencing dementia must be on the GSF (in their last year of life) Recommended to signpost to Admiral Nurse Dementia UK Helpline 0800 888 6678 (not part of the hospice)
<input type="checkbox"/>	Carers Wellbeing Course – 8-week educational course for carers aimed at early stage dementia
<input type="checkbox"/>	Community Dementia Companions – matching service to enable to the carer to have 2hr respite weekly. Person does not require hands on care for and ADLs or mobility

CARER DETAILS	
Has the person consented to the referral? (we cannot proceed without consent)	
First name	
Known as	
Surname	
DOB	
Gender	
Ethnicity	
Address	
Best contact number	
EMIS or NHS number if known	
Who is their emergency contact (name and number)	
Relationship to cared for	
Notable health issues	

PERSON EXPERIENCING DEMENTIA	
First name	
Known as	
Surname	
DOB	
Gender	
Ethnicity	
Address (if different from carer)	
Best contact number (if different from carer)	
EMIS or NHS number if known	
Type of dementia	
Month and year diagnosed	
Are they aware they have dementia	
Do they live alone, if no who with	
Other notable health issues	

WHAT DO YOU WISH TO ACHIEVE FROM THE REFERRAL	
<input type="checkbox"/>	Attendance at 8wk carers course (runs 3 times a year)
<input type="checkbox"/>	Carer 2hr weekly respite for mild dementia through community dementia companions
Please tell us more about reason for referral:	

YOUR DETAILS	
Name:	Job title <i>If applicable</i>
Organisation <i>If applicable</i>	Tel number
Signature	Date: