

Referral Form

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| Client Information Record | Date Received:(*filled by Dementia Worker*)  |
| Referrer name and contact No: |
| Clients permission rec’d YES/NO |
|  |  | Client informed details may be passed to other agencies? YES/NO |
| **Main Carer Details** |  |  |
| Surname: | Foreman: | DOB: |
| Address: | Postcode: |
| Tel: | Relationship to Person with dementia: | Ethnicity |
| Mobile No: | Email Address: | First Language: |
| Is carer registered disable or hold a blue badge? | YES/NO | Learning Disability | YES/NO |
| Carer’s Religion: | Sexual Orientation: | **Any health problems for carer?** |
| Lasting power of Attorney | YES/NO |
| PWD Details |
| Diagnosis: | When was it made? |
| Surname: | Forename: | DOB: |
| Address: | Postcode: |
| Religion: | Sexual Orientation: | Ethnicity: |
| Tel: | In Perm Care……… Lives Alone…….. Lives with Carer…… |
| GP: | Add & Tel: | Is PWD aware of diagnosis?YES/NO |
| Consultant: | CPN/Memory: |
| Dementia Medication? | Social Worker: |
| Reason for Referral: |
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**Client’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Carer’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return this form to:**

**bmedementia@touchstonesupport.org.uk**

**or**

**Dementia Service**

**Touchstone Support Centre**

**53 - 55 Harehills Avenue**

**Leeds LS8 4EX**

**01132192727**