Logo

Description automatically generated

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**](mailto:bmedementia@touchstonesupport.org.uk)

**or**

**Dementia Service**

**Touchstone Support Centre**

**53 - 55 Harehills Avenue**

**Leeds LS8 4EX**

**01132192727**