**DEMENTIA ADVISER REFERRAL FORM**

**Referred By:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Date:       |  |
| Organisation |  |
| Image result for pictures of phone symbolsTel no: |       | Image result for pictures of email symbols Email:       |  |

**Has consent been obtained from the person being referred to be contacted by us?**

**Please tick **

[ ]  **Yes [ ]  No**

**Details of person being referred:**

**[ ]  Person with Dementia [ ]  Carer or other (please specify):**

|  |  |
| --- | --- |
| Name |       |
| Date of Birth |       |
| Address incl. Postcode |       |
| Image result for pictures of phone symbolsTel no: |       | Image result for pictures of email symbols Email: |       |
| Marital Status |  |

**Communication and Accessibility needs:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interpreter required? | Yes | [ ]  | No | [ ]  | Wheelchair access required?  | Yes | [ ]  | No | [ ]  |
| Language:  |       | Learning Disability:  |       |
| Hearing: |       | Other disability needing consideration:  |       |
| Vision: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Military Service Person | [ ]  | Military Veteran | [ ]  | Member of Military Family |

**Medical Information for Person with Dementia**

|  |  |  |  |
| --- | --- | --- | --- |
| What type of dementia:       |  | GP Surgery |       |
| Image result for pictures of medication symbols Dementia Medication | **Please tick** Image result for pictures of tick symbols [ ]  Yes [ ]  No |
| Other illnesses of note |       |
| **Medical Problems:**       |
| **Medication:**  |       |
|   |  |

|  |
| --- |
| **Who to contact in first instance:**NOK Details:       NOK Tel. No:       |
| **Known Risks relating to person you are referring:** |
|       |
| **If details above are for the person with dementia please add main carer contact details here**  |
| Carer Details:      Carer Tel. No:       |

**Once completed please return to:** **office@alzheimerswiltshire.org.uk**

**or**

**Alzheimer’s Support, 5 Sidmouth Street, Devizes, Wiltshire SN10 1LD**