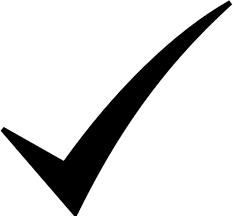
**DEMENTIA ADVISER REFERRAL FORM**

**Referred By:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date: |  |
| Organisation |  | | |
| [Image result for pictures of phone symbols](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwit2Ovdh-TXAhUF1hQKHRDUAYQQjRwIBw&url=http://clipart.valormedia.net/telephone-symbols-clipart/&psig=AOvVaw1cGkHaP5b8S7Fvc5sAqIjz&ust=1512054325537087)Tel no: |  | [Image result for pictures of email symbols](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwiInfqcjuTXAhUI0RQKHa3mDkoQjRwIBw&url=https://www.freepik.com/free-icon/telephone-symbol-button_744152.htm&psig=AOvVaw3MnsR0AO-bBcKCBeU7EyXm&ust=1512056137859605) Email: |  |

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

**Please tick [](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwi_z4z1jOTXAhUBrRQKHUAlDNUQjRwIBw&url=https://www.quora.com/What-is-the-tick-mark-symbol-in-Word&psig=AOvVaw0wday1-lJNybre438s52un&ust=1512055790937326)**

**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 symbols](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwit2Ovdh-TXAhUF1hQKHRDUAYQQjRwIBw&url=http://clipart.valormedia.net/telephone-symbols-clipart/&psig=AOvVaw1cGkHaP5b8S7Fvc5sAqIjz&ust=1512054325537087)Tel no: |  | [Image result for pictures of email symbols](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwiInfqcjuTXAhUI0RQKHa3mDkoQjRwIBw&url=https://www.freepik.com/free-icon/telephone-symbol-button_744152.htm&psig=AOvVaw3MnsR0AO-bBcKCBeU7EyXm&ust=1512056137859605) 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](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjv6eyMieTXAhXHQBQKHfbCCXgQjRwIBw&url=https://www.freepik.com/free-icon/medical-tablet_706367.htm&psig=AOvVaw0h2YGyXEhRKdTXC8rB3KB9&ust=1512054623476399) Dementia Medication | **Please tick** [Image result for pictures of tick symbols](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwi_z4z1jOTXAhUBrRQKHUAlDNUQjRwIBw&url=https://www.quora.com/What-is-the-tick-mark-symbol-in-Word&psig=AOvVaw0wday1-lJNybre438s52un&ust=1512055790937326)  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**](mailto:office@alzheimerswiltshire.org.uk)

**or**

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