

**Dementia Support Referral**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Completed By:** |  | **Date:** |  | | |
| **Referred by:** |  | **Organisation** |  | | |
|  | | | | | |
| **Has any risk been identified for working in the home? (please tick)** | | | | **Yes** | **No** |
| ***Give risk details:*** | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | |
| **Surname:** |  | | | | | | | | | **Forename:** | | | |  | | | | |
| **Initial:** |  | | | | | | | | | **Title:** | | | |  | | | | |
| **Address:** |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| **Town:** |  | | | | | | | | **Postcode:** | | | | | |  | | | |
| **Main Telephone Number:** |  | | | | | | | | **Mobile Number:** | | | | | |  | | | |
| **Email Address:** |  | | | | | **Initial contact type:** | | | | | | |  | | | | | |
| **Gender:** |  | | | | **DOB:** | | | |  | | | | | | **Age:** | |  | |
|  |  | | | | **Marital**  **Status:** | | | |  | | | | | | |  | | |
| **Ethnic Group:** |  | | | | | | **Religion/Belief:** | | | |  | | | | | | | |
| **Employment Status:** |  | | | | | | | | | | | | | | | | | |
| **Who Lives With You?** | **Number in Household and who:** | |  | | | | | | | | | | | | | | | |
| **Do you live in Supported Housing** | **YES or NO** | |  | | | | | | | | | | | | | | | |
| **Are you a carer for:**  **(please tick)** | **Relative** | **Partner** | | **Friend** | | | | **Neighbour** | | | | **Other:** | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HEALTH & WELL BEING** | | | | |
| **GP Practice:** |  | | | |
| **GP Name:** |  | | | |
| **Registered disabled:** | **Yes** | **No** | **If Yes please give further details** |  |
| **Health Issues:** |  | | | |

|  |
| --- |
| **MAIN REASON FOR REFERRAL** |
| **🞏 Dementia Activity Group**  🞏 **Wellbeing & Resilience Course for Carers**  **🞏 Buddy Support**  🞏 **Advice**  **🞏 Other**  **Please tell us some more about the help and support you need:** |
| **Where you have used Age UK Tameside Services past or present – please circle YES or NO to give consent to access information that may help with your support.** |
| **Age UK Tameside** |
| **How did you find out about Age UK Tameside’s services (please tick)?**  **🞏 Leaflet 🞏 Poster**  **🞏 Age UK Tameside newsletter 🞏 Age UK Tameside website**  **🞏 website/search engine 🞏 Tameside Radio feature**  **🞏 Social media 🞏 GP surgery/health professional**  **🞏 Recommendation/word of mouth**  **🞏 Tameside Reporter feature**  **🞏 Local event/information stall** |

**Please sign to consent to this information being shared with the Dementia Support Staff so we can process your referral. We won’t share this information with anyone else and will keep it safe and secure in line with our GDPR policies. If you decide not to take up any of our services, we will safely dispose of it.**

**Name……………………………………**

**Signature……………………………… Date…………………**