**Referral Form**

[ ]  Please confirm the person being referred is aware of this referral and has consented to their information being sent to Kirklees Dementia Hub.

**The person being referred is:**

[ ]  Person with Dementia

[ ]  Caring / Supporting someone with Dementia

[ ]  Waiting for a Memory Assessment

**Person being referred:**

**First Name:**

**First Name Surname**

**Last Name:**

**Date of Birth:**

**Date of Birth**

**Phone Number:**

**Address:**

**Postcode:**

**Address:**

**Postcode Contact Number:**

**GP Surgery:**

**Phone Number:**

**Can we contact the person directly?**

[ ]  Yes [ ]  No

 If no please provide an alternative contact.

**First Name:**

**Last Name:**

**Date of Birth:**

**Date of Birth**

**Phone Number:**

**Address:**

**Postcode:**

**Address:**

**Postcode Contact Number:**

**Type of Relationship:**

**If diagnosed, please state the type of dementia**

[ ]  Alzheimer’s Disease [ ]  Mixed Dementia

[ ]  Vascular Dementia [ ]  Early / Young Onset Dementia

[ ]  Dementia with Lewy Bodies

[ ]  Other……………………………………………………

Date of Diagnosis………………………………………..

**Equal Opportunities**

This data will be held securely and will be used anonymously to ensure we are providing a fair and accessible service.

**Gender:** **…………………………………………………………………………**

**Ethnicity: …………………………………………………………………………**

**Sexuality: …………………………………………………………………………**

**Religion: ………………………………………………………………………………**

**Are there any communication needs?**

[ ]  Interpreter – Please state preferred language ……………………………………………

[ ]  Large Print letters

[ ]  Induction Loop

[ ]  Braille

[ ]  Other, please state: …………………………………………………………………………………………………..

**Please outline reason for referral and any specific needs we should know of.**

|  |
| --- |
|  |

**In order to safely conduct Home Visits and support the person, please provide any known risk information.**

|  |
| --- |
|  |

**Referrer Details**

**Full Name:**

**Service / Organisation:**

**Job Role:**

**Date of Birth**

**Phone Number:**

**Address:**

**Postcode:**

**Address:**

**Postcode Contact Number:**

**Email:**

**Thank you!**