

## Dementia Wellbeing Service referral form

Email: [dpn-tr.enquiriesbristoldementia@nhs.net](mailto:dpn-tr.enquiriesbristoldementia@nhs.net) only from a secure email address

Fax to: 0117 947 3129

For more urgent advice please telephone the access point on: 0117 904 5151 available 8am until 8pm Mon-Fri

| SECTION 1 – PATIENT DETAILS   |     |                |  |
|---|-----|----------------|--|
| Full Name:  |     | NHS No:        |  |
| DOB:  |     | Phone:         |  |
| Address & Postcode:   |     |                |  |
| Contact details of significant other & relationship   |     | Phone:         |  |
| SECTION 2 – REFERRER DETAILS (If you are not the GP they must be aware of referral being made)  |     |                |  |
| Referrer name & Contact Details   |     |                |  |
| GP Surgery  |     | Referral date: |  |
| Is an Interpreter required? (please specify language)   | Yes | No             |  |
| SECTION 3 – RISK & CONSENT  |     |                |  |
| Current risks to patient _____  |     |                |  |
| Potential risks to staff _____  |     |                |  |
| Is there a history of alcohol or drug misuse?   | Yes | No             |  |
| Is there any forensic history?  | Yes | No             |  |
| Have you discussed this referral with the patient?  | Yes | No             |  |
| Have they consented or, if they do not have capacity, are you proceeding in their Best Interests (BI)?                                    |     |                |  |
| Consented / Acting in BI  |     |                |  |
| SECTION 4 – REASON FOR REFERRAL   |     |                |  |
| <b>Why are you referring this Patient to the service?</b>   |     |                |  |
| • <b>For Diagnosis</b> (if Yes complete <i>reverse page only</i> )  | Yes | No             |  |
| OR  |     |                |  |
| • <b>For ongoing support</b> (if Yes complete <i>below only</i> )   | Yes | No             |  |
| What is the pre-existing diagnosis? (please state formal diagnosis) _____   |     |                |  |
| Has the pre-existing diagnosis of dementia been disclosed to the patient and family? Yes No<br>(if 'No' please disclose before referring) |     |                |  |
| <b>Please indicate what support is needed</b>   |     |                |  |
| • Routine support and signposting   | Yes | No             |  |
| • Complex assessment and/or intervention due to a change in dementia/need   | Yes | No             |  |
| <b>Further information to support this referral</b>   |     |                |  |
| <i>Please attach CT results and Patient Summary</i>   |     |                |  |

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### For Diagnosis

What is the history of impairment?

What cognitive screening has been done? What score was achieved?

If you found difficulty achieving a diagnosis what were the issues that require our intervention/assessment?

Has dementia been discussed as a potential diagnosis? Yes    No

|  |  |  |  |
|--|--|--|--|
| Date of blood screen<br>(within last 3 months) |  | Date of last CT head<br>(less than 2 years old please<br>unless otherwise discussed) |  |
|--|--|--|--|

*Please attach CT results and Patient Summary*

### Functional Changes:

Although it is sometimes difficult to measure functional change due to cognitive decline (rather than due to age, physical health conditions, mental health or sensory impairment), it is essential in the diagnosis of dementia.

The following questions are completely optional but maybe useful in uncovering evidence of functional change.

Does the individual have difficulty:

- Concentrating on tasks and/or returning to tasks following interruption or distraction
- Solving problems that occur within everyday situations
- Planning an activity (e.g. what time to leave to get to an appointment)
- Organising tasks or activities so that they complete things in a logical order and/or in time
- Completing tasks fully first time round (e.g. returning to the supermarket for forgotten items)
- Without prompts/aid memoirs than they use to be (e.g. shopping lists/"to do" lists, calendars)

**Your referral may not be accepted if you have not considered diagnosis independently**