Dementia Support Groups – Referral Form / Care Plan

Ref No:	Taken by:	Actioned by:	Date:

REFERRER DETAILS: (Please complete in full)

Name of Referrer/Organisation:			Date:
Address:		Contact Number(s):	Contact Name:
Post Code:	Which group are you referring to:	Type:	Location:
Link/relationship to service user:		Contact email:	

Consent – please ask the referrer to ensure they have received consent from the service user to provide the following information (place a X in the relevant box below):
Do not proceed with referral if they have not sought consent.

	I confirm that this person is able to provide consent, and has given consent to pass on this information.
	The person mentioned below lacks capacity and is unable to provide consent.

SERVICE USER DETAILS:

Consent please read the following:
"The data we collect today will be held securely and used for the purposes of the service provision only. For further information please see our Privacy Notice on the RVS website" (place a X in the relevant box below).

	I confirm that I give consent for you to collect and store this information about me.
	The person mentioned below lacks capacity and is unable to provide consent. (tick this option if carer provides information on behalf of the service user)

Title:	Forename:	Surname:	Likes to be known as:

Address:		Post Code:	

Contact number:	Gender:	Preferred contact method:
Contact email:	Date of Birth:	

Living Arrangements: Alone / live with someone

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EMERGENCY CONTACT DETAILS			
Next of Kin	Name: Relationship:	Address:	Contact number
Next of Kin	Name: Relationship:	Address:	Contact number

HEALTH INFORMATION				
Communication:	First Language:	Speech:	Vision:	Hearing:

Are there any medical conditions that impact you currently, that we need to know about? (including dementia diagnosis type if known):
Allergies:
Mobility (aids used):
Falls Risk (history of falls within last year):
Personal Care Support (any support required):

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Dietary Requirements (type e.g. vegetarian):	Likes and Dislikes:	Support Required:	Adaptations required:
Life history (include family history, siblings, parents, interests / hobbies, work history)			
Life History (anything to AVOID discussing)			
Smoker:	Yes O No O		
Comments / Information you feel may be relevant to the provision of this service.			