Dementia Services Referral

Please check referral criteria and remit on the website before referring to prevent rejection.

**Please tick which service/s you require**

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|  | **Dementia Carers Wellbeing Programme**– Knutsford, Congleton, Macclesfield, Poynton and Wilmslow, 8-week educational course for family carers aimed at early-stage dementia to learn more about dementia, option to bring person diagnosed with you and they will receive Cognitive Stimulation Therapy |
|  | **Community Dementia Companions** – volunteer led matching service to enable the carer to have 2hr weekly respite. Person does not require hands on care (mobility, toileting, eating, drinking), no other current support, carer lives with the person diagnosed and cannot leave them alone |
|  | **End Stage Dementia Carers Talk –** for family caregivers to learn if their loved one may be in last year or life and where in last year, they may be. Held various locations throughout the year |
|  | **Love to Move**– twice a month in various areas brain gymnastics seated exercises designed to stimulate cognition for carer and person experiencing dementia to attend together |
|  | **Singing for the Soul** – once a month various area, improving brain activity and wellbeing through singing, music and light movement for carer and person experiencing dementia to attend together |
|  | **Sunshine Social Club –** once a month Macclesfield basedwellbeingsinging, and dancing group held off site with live entertainment for carer and person experiencing dementia to attend together |
|  | **Connecting Carers Club –** once a month Congleton based peer support facilitated by a Specialist Dementia Nurse for carers only |
|  | **Memories in Harmony Choir –** once a month Wilmslow based for carer and person experiencing dementia to attend together |
|  | **Brain Busters Games Club –** tables games such as cards, dominoes, board games based in Knutsford once a month forcarer and person experiencing dementia to attend together |
|  | **Tranquil Minds Yoga –** once a month onsite in Macclesfield for carer and person experiencing dementia to attend together |

*By using our services, you are consenting to share your information,* ***if you wish to opt out, please let us know***

*Please* ***tick this box if you are a professional*** *referring to confirm you have discussed consent with the people being referred*

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| **CARER DETAILS** |
| First name |  | Surname |  |
| Preferred name |  | DOB |  |
| Gender*please circle* |   M / W / Non binary /  Prefer not to say /  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Sex*please circle* |   M / F / Prefer not to say  |
| Is this the gender you were assigned at birth |   Yes / No | Ethnicity |  |
| Relationship to patient |  | Carers best contact number |  |
| Address |  | **Carer’s emergency contact** (name andnumber and relationship) |  |
| Carers health concerns |  |  **Carers email required** |  |

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| **PATIENT DETAILS** |
| First name |  | Surname |  |
| Preferred name |  | DOB |  |
| Gender*please circle* |  M / W / Non binary / prefer not to say / Other……………. | Sex*please circle* |  M / F / Prefer not to say  |
| Is this the gender you were assigned at birth |   Yes / No | Ethnicity |  |
| Relationship to carer |  | Can the patient be contacted directly, if yes bets number |  |
| Address *(if different to carer)* |  | **Patient’s emergency contact** (name andnumber and relationship) |  |
| Type of dementia and roughly when diagnosed  |  | Other patient health concerns (diabetes, allergies etc) |  |
| Are they aware they have dementia? |  Yes / No  | Do they live alone? If no who with |  Yes / No |
| Do they use the toilet unaided? |  Yes / No | Do they eat and drink unaided? |  Yes / No |
| Do they walk unaided? |  Yes / No | Any other key info about functioning |  |
| Do they have any other support? Give details |  |  Can they be left alone? |  Yes / No |

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| **HOW DID YOU HEAR ABOUT OUR SERVICES?** |
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| **ANYTHING ELSE YOU FEEL WE NEED TO KNOW** |
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| **YOUR DETAILS** |
| **Name: Job title****…………………………………..** *If applicable* **…………………………………..****Organisation Tel number***If applicable* **…………………………………..** *if not above* **…………………………………..****Signature Date:****………………………………….. …………………………………..** |