



Carer Support and Dementia Advice Service Referral Form

*Office Use Only:- (Self Referrals, please ask for Verbal Consent)

(Please complete the whole form, providing as much information as possible so the referral can be processed accurately)

Referrer Name:	Organisation:
Job Role:	Telephone Number:
Email Address:	Date of referral:
	Has the person being referred consented to this referral?

Please tick which pathway/service is appropriate:

Advice and Information only - please contact the Referrals and Enquiries Team on 01264 332297 or email enquiries@andovermind.org.uk	
Carer Support Service – carers may receive monthly support telephone calls or face to face appointments for up to 12 months. This service is available for anyone over the age of 18 years who provides care to another adult. Carers may also wish to access peer support groups.	
Dementia Advice Service - Ongoing advice, information and support both face to face and over the phone for people with dementia and their carer. The service can also provide low level support to people with memory concerns and mild cognitive impairment (MCI)	

Client/Cared for details:

Name:	Long Term Health Condition/Dementia Diagnosis and Dementia Type.
Address & postcode:	Date of Birth:
	Ethnic Group:
Telephone No:	Marital Status:
Email Address:	GP & GP Surgery:

Next of Kin:	NHS Number:
Living Situation (e.g. living alone/with family):	Any further information (e.g. communication needs/mobility difficulties/hearing loss/sight loss):

Carer Details:

Name:	Relationship to the cared for: (mother/father/husband/wife):
Address & postcode:	Date of Birth:
	Ethnic Group:
Telephone No:	Marital Status:
Email Address:	Living Situation (e.g. living alone/with family):
Any further information (e.g. communication needs/mobility difficulties/hearing loss/sight loss):	

Are there any known risks? Our Carer Support Workers and Dementia Advisors may visit the client, please provide us with any safeguarding concerns to include pets, hoarding, smoking, violence, etc

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How can we help/reason for referral? (Description of support/information/advice required)

Please include whether initial contact should be made with Client or Carer.

We can help and support with:- Understanding your diagnosis, Telecare, Social Groups Activities, Benefits, Respite Care in the home, Transport, Wills and Estate Planning, Home Safety, Nutrition, Hydration and Physical Health, Carer information, Information / literature on the diagnosis and more

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