

Dementia Adviser Service: Referral form

- Referral by family member/friend
 Referral by health/social care organisation
 Referral by other service provider
 Self-referral

If self-referral, how did they hear about the Society?

Referrer's details (if not self referral)

Name: _____ Job title: _____
 Organisation: _____
 Address: _____
 Date of referral: _____ Telephone number: _____

Please complete box for person being referred to Dementia Adviser Service:

Person living with dementia Carer of person living with dementia

Personal details- only include details of person being referred and who has consented to receive contact from Alzheimer's Society.

Has the person consented to being referred to the Alzheimer's Society? Yes No
 (Referrals can only be processed when consent has been given by person)

Full name:	Preferred pronoun (he/she/they):
Known as:	
Date of birth:	
Address:	
Postcode:	Telephone number:
E-mail:	
Cultural/ethnic origin:	
Preferred Language:	
Does the person live alone? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diagnosis of person living with dementia:	
Diagnosis Date:	Is this an approximate date? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the person living with dementia been informed of the diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/>	
CARER REFERRALS ONLY	
Relationship of the carer to the person living with dementia (e.g. husband, wife, son, friend):	

Reason for Referral:

Specialist communication needs and preferred method of communication:

Any other relevant information including any factors which need to be considered prior to assessment e.g., risk to personal safety, home environment: