

Dementia Wellbeing Service referral form

Please Fax/ email to dpn-tr.enquiriesbristoldementia@nhs.net

(Please be aware of whether you are sending this from a secure email address) or Fax to: 0117 9045155
To make urgent contact or advice please telephone the access point on: 0117 9045151 available 8am until 8pm Mon-Fri.

Please note: We will not be able to accept this referral until the patient has been discharged from hospital

SECTION 1 – PATIENT DETAILS			
Full Name:		NHS No:	
DOB:		Phone:	
Address & Postcode:			
Contact details of significant other & relationship		Phone no:	
SECTION 2 – REFERRER DETAILS			
Referrer details			
GP Surgery			
SECTION 3 – REASON FOR REFERRAL			
Is an Interpreter required? (Please specify language) No			
Why are you are referring this Patient to the service <i>Please include PMH, current medication. Have you discussed this referral with the patient? (If you are not GP they must be aware of referral being made) Please continue overleaf if needed</i> Please note: We will not be able to accept this referral until the patient has been discharged from hospital.			
<i>Is there pre-existing dementia diagnosis?</i>		<i>Has the diagnosis been disclosed?</i>	
<i>Are they on any antipsychotic medication</i>			
Have Bloods been Screened?	Date?	CT scan available/ ordered?	Date?
Is this a referral for Diagnosis		Please indicate perceived level of urgency:	
Yes No		Emergency (consider 999, likely not for our service)	
Yes No		Urgent- (48hr response)	
Yes No		Non urgent 1-2 week	
Yes No		Routine	
Assessment of change		Date Referred	
Yes No			
Advice/support from Dementia Navigator			
Yes No			