Dementia Wellbeing Service Referral Form

interpreter

Securely Email: dpn-tr.enquiriesbristoldementia@nhs.net

For urgent advice, call the access point on 0117 904 5151 (available Monday-Friday, 8am-6pm)



Review Remedy RED FLAGS: https://remedy.bnssg.icb.nhs.uk/adults/dementia/dementia-assessment-referral/

- 1. Rapid decline, i.e. significant cognitive decline <6 months- discuss with on-call neurology admit vs hot clinic.
- 2. Referral to cognitive neurology "NBT Cognitive Disorders Clinic" if: Movement disorder / history of seizures / significant head injury with further cognitive decline since.
- **3.** Other specialist **referral routes** for patients with **HIV** or if you suspect **OSA**, i.e. Respiratory/NIV clinic or features requiring initial neurology assessment.

Please discuss any uncertainty regarding this referral directly with your Dementia Practitioner before submitting.

Your referral may not be accepted if you have not considered the diagnosis independently. **SECTION 1 – PATIENT DETAILS** Full Name: NHS Number: D.O.B: Phone Number: Address & Postcode: (including Care Home) For a care home, indicate placement type: Pathway 3 Bed Respite Permanent Contact Details of Significant Other & Phone Number: Relationship to Patient: Known disabilities: Known communication needs, e.g. use of an

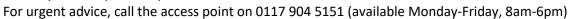
SECTION 2 – REFERRER DETAILS						
If you are not the GP, they must be aware of a referral being made.						
Referrer Name:	Designation / Role:					
Address / Contact Details:	Referral Date:					
Named GP & Surgery: (if not referrer)						

SECTION 3 – CONSENT							
Have you discussed this referral with the patient?	Yes		No				
Has dementia been discussed as a potential diagnosis?	Yes		No				
Has a diagnosis of dementia been disclosed to the patient and family?	Yes		No				
If answering 'No', please disclose before referring							
Please indicate if the patient has consented or, if they lack capacity, are you acting in their Best Interest (BI)?	Consented		Best interest				

SECTION 4 – REASON FOR REFERRAL								
Diagnostic assessment by the Dementia Wellbeing Service due to complexity	Yes	No						
OR								
For routine support and signposting following a dementia diagnosis made by you or others	Yes	No						
If yes for routine support, please specify the type of dementia:								

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CT Head is required for diagno	CT Head is required for diagnostic assessment unless the patient is unable/unwilling									
Date of blood screen: (Within the last 3 months)					Date of last CT (< 2 years old of discussed)	head: unless otherwise				
Please attach CT results and Patient Summary below:										
SECTION 5 – RISK										
Current risks to the patient										
Potential risks to staff (including forensic history)										
Has the patient been abstinent for 90 days OR drinking less than 14 units per week?			Yes		No					
Please note that if not, the DV	/S will b	e unable	e to prov	vide a m	eaningful asses	sment of cognit	ive func	tion.		
If the patient continues to drin	k alcoho	l, please	specify	the nun	nber of units cor	nsumed per wee	k:			
DWS Guidance: Refer to the 'DWS Alcohol Pathway' for patients drinking above the national recommended guidelines.										
REMEDY Guidance: For any patient assessed in primary care, where there is a concern of cognitive impairment or dementia, it is the responsibility of the assessing clinician to give advice in line with DVLA guidance and to address this prior to referring to secondary services.										
Driving Concerns?	Yes		No		If YES , have yo patient not to		Yes		No	
Functional Changes: It can be difficult to distinguish functional decline and symptoms of dementia from general frailty, mood disorders, pain/ movement disorder or sensory impairment. The following are useful examples of what functional decline may look like and common symptoms of dementia:										
 Examples of functional decline, i.e. NEW concerns: Problems with self-care, bathing, dressing, and cleaning Problems with shopping/cooking food, near misses leaving the hob on Not keeping track of bills, attending appointments/social occasions Frequently losing things, needing others to find them/finding them in unusual places Unable to problem-solve or plan activities in day-to-day life 					Short-term memory difficulty (long-term usually good) Word-finding-difficulty Repetitive questions/ statements without recall (not enthusiasm / impatience) Reduced attention span Irritability, confabulation					
If you would like support in making a diagnosis, please share the information you have gathered as part of your assessment below										
Please note this section is mar	ndatory	if requir	ing a dia	gnosis						
Evidence of Functional Decline	:									
Cognitive Screening Completed?	Yes		No		Type of Cognit Completed and (Lowest scorin		ool			
If unable to complete cognitive	testing,	, please į	give clea	ır evider	ice for cognitive	impairment at i	nterviev	/ .		
If you found difficulty achieving a diagnosis what were the issues that require our intervention or assessment?										