

Dementia Wellbeing Service Referral Form

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 & Relationship to Patient:		Phone Number:	
Known disabilities:			
Known communication needs, e.g. use of an interpreter			

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 diagnostic assessment unless the patient is unable/unwilling

Date of blood screen:

(Within the last 3 months)

Date of last CT head:

(< 2 years old unless otherwise discussed)

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 DWS will be unable to provide a meaningful assessment of cognitive function.

If the patient continues to drink alcohol, please specify the number of units consumed per week:

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 you advised the patient not to drive?

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

Common symptoms of dementia:

- 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 mandatory if requiring a diagnosis

Evidence of Functional Decline:

Cognitive Screening Completed?

Yes

No

Type of Cognitive Screening Tool Completed and Score: (Lowest scoring section)

If unable to complete cognitive testing, please give clear evidence for cognitive impairment at interview.

If you found difficulty achieving a diagnosis what were the issues that require our intervention or assessment?