



Dementia Service Referral Form

This form is for people caring for someone living with dementia wishing to access support from our **Dementia Carer Connect** service.

If you need support with completing this form, please ask a member of St. Mary's Hospice staff.

Once the form is complete, please email to referrals@stmaryshospice.org.uk or post to:

Compassionate Communities Hub
299- 301 Duke Street
Barrow-in-Furness
Cumbria
LA14 1XU

Date: _____

About you

Name	
Date of birth	
Phone number	
Address	
Email address	
First language	Interpreter required? Yes No
Pronouns	They/them he/him she/her Other
Do you have any health, or access needs we need to be aware of so that we can support you?	



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Do you consent to St. Mary's accessing your medical records?	Yes No
Where did you hear about us?	
Please provide an in case of emergency contact	Name: Phone number: Address:

Next of kin, family or carer information

Name	
Relationship	
Phone number	

About the person you care for

Do you know the type of dementia the person you care for has been told they have?	<input type="checkbox"/> Alzheimer's <input type="checkbox"/> Vascular <input type="checkbox"/> Lewy body <input type="checkbox"/> Not sure / not been told <input type="checkbox"/> Frontotemporal <input type="checkbox"/> Mixed
What is your relationship to the person you care for?	

Thank you for taking the time to complete this form. A member of the dementia team will be in contact with you as soon as possible.

Other useful contacts: Carer Support Furness 01229 822822

Carer Support South Lakes 01539 815970

Adult Social Care 0300 373 3301

Alzheimer's Society 0333 150 3456

Dementia UK helpline 0800 888 6678

Barrow Disability Association 01229 432599

St. Mary's Hospice Compassionate Communities 01229 444407