



## Dementia Service Referral Form

This form is for healthcare professionals referring someone living with dementia or their carers to St. Mary's Hospice Dementia Service.

Once the form is complete, please email to [referrals@stmaryshospice.org.uk](mailto:referrals@stmaryshospice.org.uk) or post to:

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

Date \_\_\_\_\_

### Service selection

Day services (for people living with dementia)	
Dementia Carer Connect (for those caring for people living with dementia)	

### Referrer information

<b>Name</b>	
<b>Designation</b>	
<b>Organisation</b>	
<b>Team</b>	
<b>Phone number</b>	
<b>Where did you hear about us?</b>	

### Person living with dementia

Name	
Date of birth	



## Dementia Service Referral Form

Phone number	
Address	
Email address	
First language	<b>Interpreter required?    Yes        No</b>
Pronouns	<b>They/them        he/him        she/her</b>
Consent to St. Mary's accessing medical records?	<b>Yes        No</b>
Has the person capacity to make an informed decision about this referral?	<b>Yes        No</b>
If no, has the referral been made as part of a best interests decision?	<b>Yes        No</b>
Does their carer have registered LPA for Health & Welfare?	<b>Yes        No</b>

### Person living with dementia support needs

Dementia diagnosis	
Other medical conditions	
Mental health diagnoses	
Access needs	
Living arrangements	<input type="checkbox"/> Lives alone <input type="checkbox"/> Lives with someone but with limited support <input type="checkbox"/> Living with full-time care
Are there signs of emerging carer strain?	<input type="checkbox"/> High risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> low risk
Has the person been in hospital recently?	<input type="checkbox"/> Recently discharged (within the last 3 months) <input type="checkbox"/> Discharged 3–12 months ago <input type="checkbox"/> No recent hospital admissions
Is there evidence of gradual or emerging decline affecting daily life?	<input type="checkbox"/> Significant emerging decline (memory, mobility, communication, daily tasks) <input type="checkbox"/> Mild or gradual changes

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	<input type="checkbox"/> No clear decline
Is the person experiencing frailty or health issues that increase vulnerability or risk of deterioration?	<input type="checkbox"/> Yes – significant frailty or health issues increasing risk <input type="checkbox"/> Some frailty or health concerns <input type="checkbox"/> No notable frailty or health concerns
Are there behavioural or psychological symptoms of dementia that may benefit from structured, supportive intervention?	Please describe:
Is the person experiencing significant symptoms of depression, anxiety, apathy, or emotional distress?	Please describe:
Are there risks that could be mitigated by increased structure, engagement, or monitoring? Or an active safeguarding concern?	Please describe:
How well is the person engaging with community, social, or statutory services at the moment?	<input type="checkbox"/> Little or no engagement; may be socially withdrawn or have hidden needs <input type="checkbox"/> Some engagement, but inconsistent or limited <input type="checkbox"/> Well engaged with appropriate services and activities
Are there factors limiting the person's ability to attend or benefit from community support (transport, mobility, communication, sensory needs, cultural or language barriers, accessibility issues, past negative experiences)?	
Has the person recently experienced loss, bereavement, or major life change affecting routine, mood, confidence, or wellbeing?	
Is there anything else we need to know?	



## Dementia Service Referral Form

### Carer personal information

Name	
Date of birth	
Phone number	
Address	
Email address	
First language	<b>Interpreter required?    Yes    No</b>
Pronouns	<b>They/them    he/him    she/her</b>
Relationship to person living with dementia	
Health conditions, or access needs we need to be aware.	
Consent to St. Mary's accessing medical records?	<b>Yes    No</b>
Please provide an in case of emergency contact	<b>Name: Phone number: Address:</b>