



Dementia Service Referral Form

This form is for people living with dementia wishing to access support from our **Dementia Day Services**

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: _____

Personal information

Name	
Date of birth	
Phone number	
Address	
Email address	
First language	Interpreter required? Yes No
Pronouns	They/them he/him she/her Other

Consent

Do you consent to St. Mary's accessing your medical records?	Yes	No
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Carer or next of kin information

Name	
Date of birth	
Phone number	
In case of emergency contact for your carer	Name: Phone number: Address:

About you

What is your dementia diagnosis?	
Do you have a mental health diagnosis such as anxiety or depression?	
Do you have access needs you'd like us to be aware of?	
Does anyone live with you?	Please tick a box <input type="checkbox"/> I live on my own <input type="checkbox"/> I live with someone, but they can't always help <input type="checkbox"/> I live with someone who helps me a lot
How is the person who supports feeling?	<input type="checkbox"/> They are very tired or struggling <input type="checkbox"/> They are sometimes stressed <input type="checkbox"/> They are doing OK

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Have you been in hospital recently?	<input type="checkbox"/> Yes, and I still need some help to get back to normal <input type="checkbox"/> Yes, but I feel settled now <input type="checkbox"/> No
Have you noticed changes in your memory or ability?	<input type="checkbox"/> Things have changed quickly <input type="checkbox"/> Things are changing slowly <input type="checkbox"/> Things feel about the same
How is your general health?	<input type="checkbox"/> I have a lot of health problems <input type="checkbox"/> I have some health problems <input type="checkbox"/> I have good health
Have you been feeling upset, confused or distressed recently?	<input type="checkbox"/> Yes, quite often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not really
Do you lack confidence or have you lost interest in things you used to enjoy?	<input type="checkbox"/> Yes, quite often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not really
How often do you see other people or go to groups?	<input type="checkbox"/> I don't really see people or go anywhere <input type="checkbox"/> Sometimes, but not often <input type="checkbox"/> I see people or go to groups regularly
Is it hard for you to get out and about? (For any reason such as transport, mobility, hearing or vision, language, past bad experiences)	<input type="checkbox"/> Yes, it's hard <input type="checkbox"/> Sometimes <input type="checkbox"/> No Please tell us more:
Has there been any big changes to life your life recently?	<input type="checkbox"/> No <input type="checkbox"/> Yes Please tell us more:
Is there anything else you'd like us to know?	
Where did you hear about us?	

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: Dementia UK helpline 0800 888 6678



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Carer Support Furness 01229 822822

Carer Support South Lakes 01539 815970

Adult Social Care 0300 373 3301

Barrow Disability Association 01229 432599