**Carer Support and Dementia Advice Service Hampshire Referral Form**

**Who is making the referral/enquiry?** (eg. Self referral, agency, organisation)

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**How can we help?** (Description e.g. further support, advice and information, social inclusion, benefits)

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**Please circle which pathway/service is appropriate:**

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| --- | --- |
|  | **Useful information/description (eg. Diagnosis, if a carer who they are caring for)** |
| **Advice and information only** |  |
| **Mild Cognitive Impairment (MCI)** |  |
| **Carer Support Service** |  |
| **Dementia Advice Service (also offers low level support to Carer)** |  |
| **Mental Health/well-being services** |  |

**Are there any known risks? (eg. History of violence, pets etc)**

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| --- | --- |
| **Yes (If yes please enter further details)** | **No** |

**Cared for details:**

|  |  |
| --- | --- |
| Service user name: | Date of birth: |
| Address and postcode: | Email address: |
| Next of kin/ carer:  Contact details: |
| Contact numbers;  Landline:  Mobile: | NHS number: |
| GP Surgery: | Current living situation? (e.g. living with family, living alone) |
| Ethnic group: | Marital status: |

**Carer Details:**

|  |  |
| --- | --- |
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**Office use only**

|  |  |
| --- | --- |
| Date referral received: | Date service user contacted: |
| Uploaded to CL and allocated to staff member? **Y/N** | Notes: |