



## Caring and Coping with Loss in Dementia

### Carer Referral Form

#### Carer Information :

Name : Mr / Mrs / Miss \_\_\_\_\_

Address : \_\_\_\_\_

Post Code : \_\_\_\_\_

Tel No : \_\_\_\_\_ email : \_\_\_\_\_

Aware of Referral ?  Yes  No

Relationship to person with Dementia : \_\_\_\_\_

Referred by : \_\_\_\_\_ Tel No : \_\_\_\_\_

Other Services involved : \_\_\_\_\_  
\_\_\_\_\_

Length of time caring : \_\_\_\_\_

Aware of diagnosis of Dementia ?  Yes  No

Date diagnosis given : \_\_\_\_\_

By whom ? \_\_\_\_\_

Name and age of person with Dementia : \_\_\_\_\_

Lives with carer ?  Yes  No

Relevant history : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GP : \_\_\_\_\_

Address : \_\_\_\_\_

Post Code : \_\_\_\_\_ Tel No : \_\_\_\_\_

Aware of Referral ?  Yes  No

**Signed :** \_\_\_\_\_ **Date :** \_\_\_\_\_