

REFERRAL TO LEWISHAM DEMENTIA SUPPORT HUB

REFERRAL CRITERIA

- Client or cared for must have a formal diagnosis of dementia
- Must be a resident of Lewisham or have a Lewisham based GP
- Must consent to this referral

CLIENT DETAILS

Title:	Date of Birth:
Name:	Gender: Female/ Male/ Other
Address:	Ethnicity:
	Living arrangement: (with family/ alone etc.)
Tel:	Marital status:
Email address:	Employment status: (if retired details of previous employment)
Do you pay council tax to the borough of Lewisham?	Your GP:
Type of dementia diagnosis:	Date of diagnosis (if known):
Other health problems we should be aware of: (e.g. insulin dependent diabetes, epilepsy, heart condition, mobility problems etc.)	
Any risk issues? (e.g. history of violence, self - harm, please include a risk assessment if appropriate)	
Other information: (e.g. details of any current care package, social groups or activities attended etc.)	

REFERRER DETAILS	
Date of referral:	Telephone:
Name:	Email:
Organisation:	Address:
Details of support you have provided to date:	

PLEASE RETURN THIS FORM TO LEWISHAM DEMENTIA SUPPORT HUB		
Address: 91 Granville Park, London SE13 7DW	Email: lewisham@dementiahub.org.uk	Tel: 020 3228 5960

We store and process your personal data in line with the 1998 Data Protection Act and the 2018 General Data Protection Regulations. For a full copy of our Privacy Notice please see www.blgmind.org.uk/privacy or you can ask for a paper copy by calling 01689 811222

Any information you give about yourself is confidential to Lewisham Dementia Support Hub and will only be shared with your permission except where required under specific legislation or where there is a risk of serious harm to yourself or someone else.