

# Memory Support Service Referral Form

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| Lincolnshire Memory Support Service (MSS) provides access to information, advice and support for people with dementia or mild cognitive impairment (MCI), their families and/or carers.Please send this referral form as follows: **Email:** lpft.memorysupportservice@nhs.net**Tel:** 0303 123 4000**(Only email if you have a secure email address or word protected)****Referrer Details: PLEASE NOTE: IT IS ESSENTIAL THAT ALL FIELDS ARE FULLY COMPLETED** |
| Name of referrer:  | Organisation: |
| Referrer’s job title:  | Team:  |
| Telephone number:  | Email:  |
| Is the person aware of the referral?  Choose an item. |
| Date of referral:  |  Time of referral: |
| Phase of Dementia | Choose an item. |
| What is the diagnosis of the person? | Is the person aware of the diagnosis?Choose an item. |
| Is Lasting Power of Attorney held?                 Choose an item. |
| **Personal Details of the person being referred (Tick all that apply)** |
| [ ]     Person with Dementia or MCI | [ ]      Carer / Family Member  |
| Full name:  | Full name:  |
| Preferred name: | Preferred name: |
| Gender: Choose an item. | Gender: Choose an item. |
| Date of birth:  | Date of birth:  |
| Address:  | Address |
| Postcode:  | Postcode:  |
| Telephone number: | Telephone number:  |
| Mobile number:  | Mobile number: |
| Email: | Email: |
| Preferred contact method: Choose an item. | Preferred contact method: Choose an item. |
| Preferred language: | Preferred language: |
| What support is requested by the patient? | What support is requested by the carer? |
| Specialist communication needs/ additional health conditions we should be aware of: | Specialist communication needs/ additional health conditions we should be aware of: |
| ***If the person with dementia or MCI requires assistance, by someone other than the carer in making an initial appointment, please provide details of an alternative contact below:*** |
| Contact’s full name: | Title: |
| Known as: |
| Relationship to person with Dementia or MCI: |
| Address: |
|  | Postcode: |
| Telephone number: | Mobile No: |
| E-mail: |
| Preferred contact method: Choose an item. |