**Referral Form**

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| Kirklees Dementia Hub is delivered through a partnership between Community Links and Age UK Calderdale & Kirklees, therefore there may be occasions your information must be shared between these 2 services.  This will only be on a need to know basis, relevant information and only when necessary.All information processing and storage is secure and in line with the Data Protection Act (1998) and General Data Protection Act 2018 (UK GDPR). | | | |
| **Has the individual(s) given consent for their details to be shared with KDH**  **YES NO** | | | |
| **Name of PLWD:** |  | **Date of Birth** |  |
| **Address** |  | | |
| **GP details** | Surgery:  Contact Number: | | |
| **Ethnicity**  (Circle or highlight) | **White**  English, Welsh, Scottish, Northern Irish or British, Irish, Gypsy or Irish Traveller, Roma, Any other White background  **Asian or Asian British**  Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background  **Black, Black British, Caribbean or African**  Caribbean, African, Any other Black, Black British, or Caribbean background  **Mixed or multiple ethnic groups**  White and Black Caribbean, White and Black African, White and Asian, Any other Mixed or multiple ethnic background. | | |

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| **Carer/Best Contact Name** |  | **DOB:** |
| **Address:** | Postcode: | **Contact Number:**  Relationship: |
| When receiving letters from KDH, please indicate preferred address:  Carer/Best contact Person living with Dementia | | |

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| **Have you received a diagnosis of Dementia?** | **Yes No**  Type of Dementia: |

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| **How did you hear about us?** |
| GP Memory Clinic Website At a local event Other  If other, please state: … ………………………….. |

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