**Referral Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Calderdale 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).  **You can print and complete this form and send it to:**  **Calderdale Dementia Hub, 4,6 Woolshops, Halifax, HX1 1RJ** | | | |
| **Has the individual(s) given consent for their details to be shared with us?**  **YES NO** | | | |
| **Name:** |  | **Date of Birth** |  |
| **Address** |  | | |
| **GP details** | Name: Surgery:  Contact Number | | |
| **Ethnicity** |  | | |

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

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

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

|  |
| --- |
| **Other Comments** (Please state any communication needs/other things to consider when making contact.) |