

**Younger people with dementia referral form**

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| The Younger People with Dementia team will only accept referrals for a person of working age. Service Users with suspected dementia **over the age of 65 should** be referred to Memory Services  using the generic SPA referral form accessible on our website at: <https://www.leedsandyorkpft.nhs.uk/contact-us/urgent-referrals/>.  **ALL** parts of this form should be fully populated, only complete forms will be considered by the service for an initial assessment. Failure to provide the full suite of information will result in a service decline letter being issued. Please return the form to [referral.lypft@nhs.net](mailto:referral.lypft@nhs.net) |

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| **SERVICE USER DETAILS** | | | |
| **SURNAME** | Woodward | **ADDRESS INC TOWN, COUNTY & POSTCODE** | 209 Batley Road, Batley, Leeds, West Yorkshire, LS28 6TS |
| **FORENAME** | Robert | **TELEPHONE NUMBER** | Landline: 0113 231 189 Mobile: 07761918340 |
| **TITLE** | Mr | **ETHNICITY** | Caucasian |
| **SEX** | ☐Male  ☐Female | **LANGUAGE PREFERRED** | English |
| **DATE OF BIRTH** | 26/04/1962 | **IS AN INTERPRETER REQUIRED?** | ☐ Yes  ☐ No |
| **NHS NUMBER** | 990473614 | **EMPLOYMENT STATUS** | Employed, Telesales Team Leader. |
| **MARITAL STATUS** | Married | **RELIGION** | Christian |

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| **NEXT OF KIN DETAILS** | | | |
| **SURNAME** | Woodward | **ADDRESS INC TOWN, COUNTY & POSTCODE** | 209 Batley Road, Batley, Leeds, West Yorkshire, LS28 6TS |
| **FORENAME** | Sue | **TELEPHONE NUMBER** | Landline: 0113 231 189 Mobile: 07898851903 |
| **TITLE** | Mrs | **RELATIONSHIP** | Wife |

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| **GP DETAILS** | | | |
| **NAME** | Dr Mohamed Salah | **ADDRESS INC TOWN, COUNTY & POSTCODE** | Holbrook Medical Practice, Morley Road, Morley, LS26 2YO |
| **EMAIL** | m.salah202@nhs.net | **TELEPHONE NUMBER** | 0113 898 193 |
| **REFERRER DETAILS**  *(If different from GP details above)* | NA | | |

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| **REFERRAL DETAILS:** all information listed below is required for the service to assess the appropriateness of your patient for the service. |
| a) Please provide a description of changes in the service users cognition and impact of changes on daily functioning for a minimum 6 month period  *(service users must have a minimum history of 6 months changes in cognition & daily functioning to be considered for an initial assessment)* |
| Appointment attended by his wife, who commented Roberts short term memory had deteriorated significantly in the last 6 months. Examples include him suggesting activities a number of times in a short space of time e.g. food shop & boiling the kettle. Robert has become unable to manage household finances with examples of bills being unpaid & key dates missed (insurance, tax renewals & family birthdays) A lover of card games, Robert admits to losing concentration/attention easily which has been a relatively recent change behaviour. |
| b) Please provide information in relation to changes presenting in the Service user in the following – *attention/concentration, language, Memory, thinking/reasoning, Behavioural/Personality and Perceptual Abnormalities.* |
| In the last 6 months, Robert has infrequently got lost on his way to the newspaper shop, a venue he’s visited for years without issue. His wife made me aware playing with the Grandchildren’s toys (Lego) proved difficult when assembling basic structures which led to him becoming frustrated. I noticed during the appointment, Robert struggled to formulate some of his answers, using words which weren’t always appropriate. |
| c) Please provide the Cognitive Testing scores/result e.g. 6-CIT [Cognitive Impairment Test], GPCOG [General Practitioner Assessment of Cognition] or AMTS [Abbreviated Mental Test Score] |
| Robert did well with the 6-CIT test and scored 2. |
| d) Please provide full dementia screening bloods *(unless results accessible on Leeds Care Record)* |
| Blood results provided (scanned) |
| e) What is the Service User’s current alcohol consumption per week in Units? |
| Robert doesn’t drink alcohol. |
| f) Has the Service User been abstinent from excessive alcohol consumption for more than 6 months? |
| Yes☐ No ☐  *Service Users with a history of excessive alcohol consumption must be abstinent for a minimum 6 month term prior to referral to the service.* |
| g) What is the Service User’s current and history of substance misuse? |
| No history of excessive substance misuse, however Robert admits to smoking tobacco with marijuana once or twice a month.  *Service Users with a history of substance misuse must be abstinent for a minimum 6 month term prior to referral to the service.* |
| h) Has the Service User experienced a head/traumatic brain injury in the last 12 months? If Yes please provide details. |
| Yes☐ No ☐  *Additional details:* |
| i) Has the Service User experienced a CVA [Cerebrovascular Accident] within the last 6 months? If Yes please provide details. |
| Yes☐ No ☐  *Additional information:* |
| j) Has delirium been excluded? *The YPWD team would not assess a service user presenting with a delirium.* |
| Yes☐ No ☐ |
| k) Please provide a summary of the Service Users Medical and Psychiatric history |
| Detailed Service User history is available on Leeds Care Record. Aspects of this I wish to bring to your attention are a known Heart Condition & treated for anxiety in 2014. |
| l) What is the Service Users current medication? |
| Current medication is available on Leeds Care Record. |
| m) Please advise if there is a family history of young onset dementia, and if so, please provide the type and age of onset. |
| No history of early onset dementia in his family. |
| n) Please advise if there is a history of anxiety, depression or mood disorder, and if so, please include details of the current presentation. |
| Robert acknowledges his mood has been low, however he considers this to be a result of his memory failing him. Prior to him developing memory issues, he’s been treated for anxiety. Anxiety was treated for a period of 18 months 3 years ago (2014). The medication used to treat this anxiety was Lexapro. |
| o) Have mood disorders, such as depression & anxiety, as well as recent changes in medication been excluded as a cause prior to referral? |
| Yes☐ No ☐  Robert is not showing any signs of depression or anxiety. There’s been no change in medication. |

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| **CONTACTING THE PATIENT** |
| p) May we telephone the patient on their mobile or send a text? |
| Yes☐ No ☐  *If no, please specify alternative contact preferred.*  Please communicate with Robert via letter only until further notice. |
| q) Has the service user consented to family/carers to be contacted in conjunction with this referral  *e.g. appointments.* |
| ☐ Yes – service user has consented to sharing arrangements with a designated family member/carer  Sue Woodward  Landline: 0113 231 189 Mobile: 07898851903  ☐ No – service user does not want family/carers to be contacted. |
| r) Has the service user consented to this referral? |
| Yes☐ No ☐ |

Last updated: 14/06/2018