**Please review the referral criteria document first before filling out the referral form.**

**Referral Form**

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| Is this a professional referral? **🗌**  Is this a Carer referral 🗌 Is this a self-referral 🗌  |
| Has the person concerned given consent?  Yes **🗌**  No **🗌** (If no consent given the referral cannot proceed) |
| If professional referral:Name of person making referral:Organisation Details:Telephone number: |
| If Carer referral:Name of person making referral:Relationship to person being referred:Telephone Number:Are you a member of Durham County Carers? |
| Name of person wishing to attend the group:  |
| Name of person wishing to attend:Address:Postcode:Telephone number: |
| Are there any:* Care needs, i.e. can the person eat and drink un-aided and access toilet facilities
* Known behavioural risks or challenging behaviours
* Risks of a medical emergency that we need to know about

(This will not necessarily exclude the person from attending but may mean the Carer needs to stay)Your comments |

**Which group would they/you like to attend?**

**(Hospice Hub is open to all and with no specific criteria)**

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| **Memory Café**Do you have a dementia diagnosis?Do you care for someone living with dementia?**Namaste**Does the person have advanced Dementia?Type / date of diagnosis:Does the person demonstrate the following:* Forgetting close family member’s names and relationships to them.
* Not recognising familiar surroundings.
* Communication skills are significantly reducing.
* Mobility is reducing.
* Assistance is required with most activities of daily living (e.g. eating, washing, attending to toileting needs).

Any other comments: |
| **Carer Support**Which carer support group would you like to attend:Dementia?Non-dementia?Would you like to bring your loved one with you? |
| **Living Well with illness**Do you (the person) have a Diagnosis of a life-limiting condition? Type/date of diagnosis:Do you have any special requirements?Would the Carer to attend with you?Any other comments: |
| **Living Well in Bereavement**Do you feel able to access social support:Any other comments: |
| **Everything in Place**Are you able to attend a course of 8 sessions? Do you have the capacity to take in a lot information and be able to complete paperwork, make legal decisions or have family or friends that can support you? |