**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? |