Referral form

**Cognitive Impairment and Dementia Referral Form**

Please complete page 1 of this form. It can be completed by prison or healthcare staff. Please scan and email both sides of this form to ***[dementia lead nurse]***. Original form to be kept in prisoner records.

**Date of Referral: ………………………………**

|  |  |
| --- | --- |
| Resident details | Referrer details |
| Full name | Full name |
| Date of Birth | Job Title |
| Wing | Location/base |
| Prison ID number | Telephone ext. |
| NHS number (if known) | Email |
| Resident aware of referral: yes no | Language |
| If no, why? | Interpreter needed: yes no |

Reason for referral:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Severity of concern (please tick one box for each domain) | | | |
| Symptom | None | Mild | Moderate | Severe |
| *Memory*  *(forgetting conversations, names, objects, misplacing items, getting lost, forgetting how to do simple tasks)* |  |  |  |  |
| *Change in behaviour*  *(aggression, agitated, walking about, restlessness, repetitive behaviour)* |  |  |  |  |
| *Sight & hearing loss*  *(increased disorientation)* |  |  |  |  |
| *Communication & language (struggling to find the right words, jumbled word order, inappropriate responses within conversation)* |  |  |  |  |
| *Perception & hallucinations (difficulties with orientation, detecting movement, problems with recognising faces or objects, problems directing or changing gaze)* |  |  |  |  |
| *Sleep disturbance*  *(restlessness in the night, disorientated on waking, getting dressed during the night)* |  |  |  |  |
| *Mood*  *(low mood, depression, anxious, worried)* |  |  |  |  |