

Mansfield and Ashfield Memory Support Referral form

Please indicate which day/days you will be attending (please tick)

Monday

Wednesday

Friday

| | | | |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------|--|
| 1. Name of person being referred | | Date of referral | |
| Address | | | |
| Post Code | | | |
| Contact details | Home telephone: Mobile telephone: Email: | | |
| Date of Birth: | | | |
| Contact person/ Carer/ Next of Kin contact details | Name: Telephone number: Address: | | |
| 2. Name and address of GP | | | |
| Contact number: | | | |
| 3. Special Needs i.e Cultural/Ethnic/Religious Requirements | | | |
| | | | |
| 4. Name and telephone number of other involved professionals. Eg. Psychiatrist/ Social Worker etc: | | | |
| | | | |
| 5. Please list any mental health services you are currently receiving: | | | |
| | | | |

6. Diagnosis i.e Dementia, Depression, Schizophrenia etc:

7. Diagnosed by whom e.g GP, Psychiatrist etc:

8. Current medication:

9. Key signs of health changes, i.e are there any warnings of onset of epileptic seizures or T.I.A?

10. Are there any concerns we need to know about? i.e diabetes, mobility, continence etc

Please confirm that we can contact you via the following:

Text Phone Email Post

Your data will be sorted in line with the new GDPR guidelines and Minds policies and procedures.

Has consent been given by the client for this information to be shared: yes/ no (please circle).

Referrers Name:

Signed: _____

Date: _____

Assessment carried out by: (for office use only) _____

Notes:

Central Notts Mind complies with the Data Protection Act 1998 and holds personal information on paper and electronically. Confidential information will only be divulged to a third party with your consent, unless it constitutes a risk to yourself or other people.

Please be reassured that all staff and volunteers are have to undergo strict background checks made through the Criminal Records Bureau.

Thank you for completing this form. The information supplied will be kept in the strictest confidence and in accordance with Central Notts MIND's data protection policies. Please return the form to:

The referral department,
Central Notts Mind
14 St Johns Street
Mansfield
Notts
NG18 1QJ
referrals@centralnottsmind.org

After receiving the referral form we will contact you within approximately 14 days.