**Surrey Heath, NE Hants and Farnham – Admiral Nursing Service**

**Referral Form**

|  |
| --- |
| PLEASE NOTE – CARERS **MUST** BE AWARE AND AGREE TO THIS REFERRAL.  PLEASE CHECK REFERRAL CRITERIA. |

|  |  |
| --- | --- |
| **REFERRER DETAILS** | |
| Date of referral |  |
| Name of referrer | Pronoun (She/her, He/Him, They) |
| Organisation |  |
| Contact Address  Post Code | Contact number.  Email |
| **CARER DETAILS** | |
| Name of Carer | Pronoun (She/her, He/Him, They) |
| Relationship to person with dementia |  |
| Address  Post Code | Contact Number |
| Ethnicity | First Language  Interpreter Required  Yes No |
| GP Details  Post Code | Contact Number |
| **PERSON WITH DEMENTIA DETAILS (PWD)** | |
| Name of PWD | Pronoun (She/her, He/Him, They) |
| Address if different to carer |  |
| Date of birth |  |
| GP Details (*if different to carer*) | Contact numbers |
| Has a diagnosis been made? | Yes No |
| Is PWD aware of diagnosis? | Yes No |
| Is the PWD at risk of self-harm?  *If yes, please provide details* | Yes No |
| Is there any reason an Admiral Nurse should not visit alone?  *If yes, please give details* | Yes No |
| Reason for referral /Summary of care needs |  |
| Other agencies involved in the care of the PWD. | Contact Email & contact number(s) |
| Service Required (tick as appropriate) | |
| Admiral Nurse Assessment Admiral Nurse Casework | |

PLEASE RETURN COMPETED REFERRAL FORM TO [Jacqueline.riddles@sabp.nhs.uk](mailto:Jacqueline.riddles@sabp.nhs.uk)

We will aim to screen all referrals within 10 working days of receipt. Following review, you will be notified of the outcome.

Please note the Admiral Nursing Service is NOT an emergency service.

**REFERRAL INCLUSION & EXCLUSION CRITERIA.**

Admiral Nurse service for Surrey Heath, NE Hants, and Farnham

|  |  |
| --- | --- |
| REFERRAL CRITERIA – PLEASE TICK AS APPROPRIATE | |
|  | The person is 65 years of age or younger; has a diagnosis( or likely diagnosis) of dementia |
|  | The person with dementia lives in Surrey Heath, NE Hants or Farnham |
|  | There is a high risk of carer breakdown (this may be frequent contact with other professionals) |
|  | Carer requires specialist practical skills training and support that is not available from other services |
|  | Family affected by dementia is socially isolated and /or needs support liaising with / accessing support from other agencies |
|  | The family /carer is struggling to cope with the significant complex, challenging needs or presentations of the person with dementia |
|  | The family / carer feels unable to cope with caring due to feelings of loss, guilt, stress, depression |
|  | The family /carer needs support with psychosocial interventions to help them adjust and develop skills to support complex needs/ behaviours, particularly around transition |
|  | The family /carer require support with recognising or making decisions concerning end of life, Advanced Care Planning and adjusting /coping with changes at end of life |
|  | Conflict has arisen between the carer, the family and the person with dementia, which is affecting the carers’ ability to care for the person with dementia |
|  | The family /carer needs support with managing risk |
| EXCLUSION CRITERIA | |
|  | Admiral Nurses support family carers at all stages of the illness but do not accept referrals for formal employed carers |
|  | Referrals must relate to carer /family of person with dementia and relate solely to person with dementia |
|  | Carer’s primary need does not relate to dementia or their caring role |