



CARER SUPPORT AND
DEMENTIA ADVICE SERVICE
FOR HAMPSHIRE

Carer Support & Dementia Advice Referral Form



Who is making the referral/enquiry? (eg. Self referral, agency, organisation)

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Please tick which pathway/service is appropriate:

Advice and Information only - low level service provision	
Carer Support Service – carers may receive monthly support telephone calls or face to face appointments for up to 12 months. This service is available for anyone over the age of 18 years who provides care to another adult. Carers may also wish to access peer support groups.	
Dementia Advice Service - Ongoing advice, information and support both face to face and over the phone for people with dementia and their carer. The service can also provide low level support to people with memory concerns and mild cognitive impairment (MCI)	
Mental Health/Well-Being services - (Please refer to or request well-being form)	

Are there any known risks? Our Carer Support Workers and Dementia Advisors may visit the client (eg. History of violence, pets etc)

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How can we help/reason for referral? (Description of support/information/advice required)

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Admin use only - date referral received: _____

Continued overleaf



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Client/Cared for details:

Name:	Diagnosis:
Address & postcode:	Date of Birth:
	Ethnic Group:
Telephone No:	Marital Status:
Email Address:	GP & GP Surgery:
Next of Kin:	NHS Number:
Living Situation (e.g. living alone/with family):	Any further information (e.g. communication needs/mobility difficulties/hearing loss/sight loss):

Carer Details:

Name:	Caring for (mother/father/husband/wife):
Address & postcode:	Date of Birth:
	Ethnic Group:
Telephone No:	Marital Status:
Email Address:	Living Situation (e.g. living alone/with family):
Any further information (e.g. communication needs/mobility difficulties/hearing loss/sight loss):	