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\* Completion required

**Referral Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referral for support for person with (possible) dementia** | | | | | | **Referral date** | | | |
| \* Name (Mr/Mrs/Miss/Ms) | | | | | | | Preferred name | | |
| \* Address (including post code) | | | | | | | | | |
| \* Date of Birth | | | First language | | | | | Ethnicity | |
| Marital status | | | \* Contact number | | | | | | |
| \* Referred by | | | Organisation | | | | | | |
| \* Contact number | | | Email address | | | | | | |
| Formal diagnosis of dementia?  YES NO | If ‘YES’, what type of dementia was diagnosed? | | | | | | | | READ Code |
| Date of diagnosis | Where and by whom was the person’s dementia diagnosed? | | | | | | | | |
| If dementia is undiagnosed, does the patient have a formal diagnosis of Mild Cognitive Impairment (MCI)?  YES NO | | | | | | | | | READ Code |
| Date of diagnosis | Where and by whom was the person’s MCI diagnosed? | | | | | | | | |
| GP Practice | | | | NHS number | | | | | |
| Social Workers Name (if applicable) | | | | Adult Social Care Liquid Logic number | | | | | |
| Reason for referral / any comments | | | | | | | | | |
| **Family carer / Next of kin** | | Relationship to person with dementia: | | | | | | | |
| Name (Mr/Mrs/Miss/Ms/Dr): | | | | | | | | | |
| Address (including post code): | | | | | | | | | |
| Date of Birth | | First language | | | | | | Ethnicity | |
| Contact number | | | | | | | | | |
| Consent to share patient’s information? YES/NO | | | | | Consent provided by: | | | | |
| Consent to speak to patient’s GP? YES/NO | | | | | Consent to speak to family carer’s GP? YES/NO | | | | |

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To contact Sandwell Community Dementia Service -

Call **0121 726 8543**  
Or send referrals to - [**care.vn4m2@nhs.net**](mailto:care.vn4m2@nhs.netF)

For any other enquires please email – val.morgan-richards@sandwellcrossroads.org

**Fair Processing Notice**

The agencies outlined in Appendix A (below) have agreed to share information about individuals in order to promote and achieve economic, social and environmental wellbeing.

The first principle of Data Protection requires that personal data is processed fairly. This first principle is laid down in law. To meet this requirement, we are under a duty to supply you with a Fair Processing Notice.

In a sharing context, a Fair Processing Notice should at least tell a data subject:

* The identity of the organisation who controls the data you are sharing
* The reason it is being shared
* The Agencies that your information is likely to be shared with

The organisation providing you with this notice and processing the data that you have supplied is Crossroads Care and the Data Controller is; Howard Painter, Trustee.

Personal data is being shared in order to enable:

* Provision of a range of community safety interventions; health, social care and development initiatives; education and training opportunities; advice, guidance and advocacy support.
* Carrying out the administration functions of a Community Safety Partnership, Health and Social Care Provider, Education Establishment, and Investigative Agency.
* The co-ordination and joint working of partner agencies.
* Compliance with legal and statutory obligations.

All participating Agencies that your information is likely to be shared with are recorded on the reverse of this notice. These organisations process personal data which relates to your wellbeing, development, safety, behavior, physical/mental health, social care, education, training and employment.

All members of staff employed by these agencies are bound by the common law duty of confidentiality which means that information that you provide to us must be held in confidence and not shared with anyone else unless:

* Partners are legally obliged or permitted to disclose the information to another organisation or person (for example, the Police).
* You provide consent to share the information.
* Protocols are in place permitting partners to share information about you to support any intervention or services provided.

Reasonable steps must be taken to meet service user’s communication needs. With your consent, these needs should be shared between partners in data shared as part of integrated, local data sharing processes.

Further information about the use of your personal information, how you can access or make amendments to your personal information is available by contacting our Data Controller at Sandwell Crossroads headquarters.

**Appendix A**

Agencies with whom data may be shared;

* CCG’s
* Local Authority
* Memory Assessment Services
* Clinicians involved in supporting you with your care e.g., G.P. District Nursing staff.

This list is not exhaustive. However, you will always be informed if we need to share your data.