|  |
| --- |
| **Dementia Oxfordshire is not able to provide an urgent response, and any urgent matter should be brought to the attention of a more appropriate service, such as the GP, 111 or 999 emergency services.** |
| **Referral Criteria**   * The person living with dementia must live in Oxfordshire. * The diagnosis must be confirmed and shared with the person with dementia * We support people with a primary dementia and those for whom the dementia is associated with another condition such as Parkinson’s or Huntington’s disease. * We will continue to support them for as long as it is needed whatever their age, and whilst the service is appropriate. * If someone is diagnosed before 65 but only referred at the age of 66 or 67, they are likely to have similar needs to a person diagnosed before 65, and we would offer support. * If someone is diagnosed at 66 or 67, it is likely that they have had symptoms for several years and would be regarded as having young onset dementia, we review and would likely offer support. * If someone is diagnosed before 65 but only referred at the age of 68 or more, it is possible that other services would be more appropriate, and we would refer on to Dementia Oxfordshire. |
| **By completing this form, you confirm that consent for the referral has been obtained from the person/s you are referring.** |

**DATE OF REFERRAL:** Click or tap to enter a date.

|  |  |
| --- | --- |
| **Person with dementia details:** | **Family Member (or preferred contact) details:** |
| Name:  Address:  Post Code: | Name:  Address:  Post Code: |
| Telephone:  Mobile:  Email: | Telephone:  Mobile:  Email: |
| DOB: | DOB: |
| GP’s name and surgery:(Must be completed) | Relationship: Choose an item. |

|  |  |
| --- | --- |
| Does person with dementia live alone? Choose an item. | |
| Diagnosis: | Date of diagnosis: Click or tap to enter a date. |
| Is the person aware of their diagnosis? Choose an item. | |

|  |  |
| --- | --- |
| **Reason for referral**: | |
| Social activities / isolation  Physical/mobility  Financial / allowances & benefits  Legal / LPA & Wills | Safety in the home  Dementia information  Support for carer / respite  Other (please state below) |
| **Any other relevant information**: | |
|  | |
| **Safety issues or risks when home visiting:**  Choose an item. | |
| A. To the best of your knowledge, is there any reason why a Young Onset Dementia Advisor (YODA) should not visit the person living with dementia or family member alone?    yes q no q  If yes, please try to say why you feel this way, we may need to speak with you further:  B. Do you feel the person living with dementia and/or the family member to be at risk in some way?  yes q no q  If yes, please briefly state why / how i.e. Safeguarding Adults issues | |
| **Details of the person making the referral**: | |
| Name:  Organisation: | |
| Telephone:  Email: | |

|  |
| --- |
| **Please complete the form as accurately as possible**.    **Email completed form to**: [youngonset@dementiaoxfordshire.org.uk](file:///C:\Users\RossDowney\Downloads\youngonset@dementiaoxfordshire.org.uk) |