

T.L.C. HOME CARE SERVICES - DAY OPPORTUNITIES

Referral form to access the “De-Caf Club”

Date referral being made: _____ Date received (office use only) _____

We aim to respond to referrals within a timely period. If there are circumstances that are deemed as urgent, please telephone 01386 47888 and ask to speak to the Dementia Co-ordinator who will be able to provide an immediate response.

The referral process is as follows:

Please tick the box to indicate which day(s) the person would like to attend the De-Caf Club				
Monday	Tuesday	Wednesday	Thursday	Friday

If the person who is being referred is not the person completing this form, is he/she aware of the referral being made? **Yes/No**

Referrer If the referral is being made on behalf of a person, we require the details of the person completing the referral

Name	
Relationship to person being referred	
If the referrer is not a relation, please state your Job Title and employer	
Contact/Home Address	
Day Contact Telephone Number	
Mobile Number	

Decision Support Maker – Some people may have a person who helps them to make decisions. It is helpful for us to know who that person is so we can involve them in the process

Is the decision support maker the same person as the referrer? **Yes/No**

If yes do not complete the box below.

Name	
Relationship to person being referred	
If the referrer is not a relation, please state your Job Title and employer	
Contact/Home Address	
Day Contact Telephone Number	
Mobile Number	

Other Contacts

Please provide details of anyone else who knows the person well and may have useful information for the Dementia Advisor Service Co-ordinator

Name		Name	
Relationship to client		Relationship to client	
Telephone Number		Telephone Number	

Person being referred

Full Name	
Likes to be called	
Date of Birth	
Permanent Address	
Post Code	

Are there any risks associated with this referral?

YES/NO

If yes, please give details

Person being referred mobility status

(Please tick the box to the right if the statement describes the person's mobility status)

Walks un-aided	
Walks with assistance (for example, stick or/and walking frame)	
Uses a wheelchair outside only	
Uses a wheelchair all of the time, inside and out	
Uses a wheelchair and is able to weight bear and can stand and transfer to a standard chair from the wheelchair	
Uses a wheelchair and is not able to weight bear at all	

What is the person's primary method of communication?

Ethnic background:

Does the person attend any other day opportunities at present?

YES - Which one(s)

NO

Has the person attended any day opportunities in the past 12 months -

YES - Which one(s)

NO

Does the prospective Club member have a relative/friend to bring them to the Club and collect them? **YES/NO**

Clients Signature: _____

Referrers Signature: _____