Barnsley Dementia Service
Barnsley Dementia Service provides a single point of access for all patients with suspected dementia. **<u>All referrals should be sent to</u>** **Dementia Services, Oaks Building, Kendray Hospital. Doncaster Road, Barnsley, S70 3RD** **Tel: 01226 434129 Fax: 01226 241063**

Registered GP	
PLEASE REPLY TO:	
Date of referral:	

PATIENT DETAILS	**GP DETAILS**
Name:	**Name:**
Address: **Postcode:**	**Practice Address:** **Postcode:**
Home tel:	**Telephone:**
Mobile Tel:	**Fax:**
D.O.B:	**Registered Practice (if different):**
NHS Number:	
Gender:	

HISTORY AND EXAMINATION	
Presenting Problem (in no more than one sentence)	
How long has there been concern? Recent triggers? Onset: gradual or sudden Duration Progression of symptoms e.g. gradual progression, rapid decline, step-wise or stable / no clear progression	
Psychiatric history including any current depressive symptoms? Alcohol / substance misuse?	
Past Medical History (please attach) Epilepsy? Strokes? Head Injury? Please mention any on-going investigations through specialists	**See attached sheet / below**

Name: Date of birth:

Is the patient known to any other service?	
Family History Is there a family history of dementia?	**See attached sheet / below**
Current medication (s) & Start date (s) Relevant previous medication / allergies Are there are any issues with medication compliance?	
Physical Examination (record any abnormal finding)	
Any cognitive screening test Results (6CIT, GPCOG, Mini COG, AMT, MMSE, MOCA etc)	**See attached sheet / below**
Blood results - please append results FBC, ESR, B12 +Folate, TFT's, U&E, Ca2+, LFT's glucose & HbA1 Lipid profile / cholesterol Simple urinalysis (if delirium is a possibility) Consider HIV and/ or syphilis serology if clinically indicated	
Additional Information (ie further information from family member / friend / carer /practice staff, vulnerability, any other stresses)	
Does the patient consent to the referral	**Yes ☐ No ☐**
Does the patient wish to know the diagnosis ?	**Yes ☐ No ☐** **In NO, please describe patients reasons:**
Are there any concerns / risks to health, safety? Welfare, vulnerability of the patient ?	

PLEASE NOTE: REFERRALS WHICH DO NOT INCLUDE A COMPLETE SCREENING TOOL MAY BE RETURNED TO THE REFERRER FOR COMPLETION

1. We may not be able to offer assessment for patient who have got an ongoing alcohol or drug misuse
2. Learning disability patients with suspected dementia are to be referred to learning disability service.

Name: Date of birth: