

Barnsley Dementia Service

Barnsley Dementia Service provides a single point of access for all patients with suspected dementia.

All referrals should be sent to

Dementia Services, Oaks Building, Kendray Hospital, Doncaster Road, Barnsley. S70 3RD.

Tel: 01226 644250 Fax: 01226 241063

PATIENT DETAILS	GP DETAILS
Name: MOUSE, Mickey (Mr)	Name:
Address: 1 Disney Land Street, Barnsley Postcode:	Practice Address: Woodland Drive Medical Centre, Woodland Drive, Barnsley, South Yorkshire, S70 6QW Postcode: S70 6QW Practice Code: C85006
Home Tel:	Telephone: 01226 282535
Mobile Tel:	Fax: 01226 241448
D.O.B: 29-May-1989	Registered Practice (if different):
NHS Number:	
Gender: Male	

HISTORY AND EXAMINATION

Last Consult re: memory problem
Consultations

Date	Consultation Text		
15-May-2017	GP Surgery (Woodland Drive Medical Centre) CARTER, Coleen (Mrs)		
Problem	Memory loss symptom (First)		
History	forgetfulness - always inappropriate clothing lives alone family concerned		
Comment	refer memory service		

How long has there been concern?

<12 months >12 months

If < 12months then how long?

Progression?

Gradual Stepwise Rapid

History of depression?

Yes No

Current depression?

Name:

Date of birth:

Yes No

Psychiatric history

Yes No

If yes then detail:

Alcohol/substance misuse (present/past)?

Yes No

Present Alcohol consumption

Alcohol Consumption

Date	Description	Value	Units
08-Jan-2014	Alcohol consumption	0	U/week

Past Significant Medical History 1

Epilepsy?

Yes No

Strokes?

Yes No

Head injury?

Yes No

Past Significant Medical Hx

Problems

Active

Date	Problem	Associated Text	Date Ended
15-May-2017	Memory loss symptom		
08-May-2017	Irritable bowel syndrome		
10-Mar-2017	Adverse reaction to trimethoprim		
11-Jun-2015	Prescription of palliative care anticipatory medication		
02-Jan-2014	Asthma		

Significant Past

Date	Problem	Associated Text	Date Ended
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Family History

Is there a family history of dementia?

Yes No

If Yes detail:

Current medications & allergies

Acute Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Influenza vaccine (split virion, inactivated) suspension for injection 0.5ml pre-filled syringes	For Intramuscular Injection	1 pre-filled disposable injection	
Influenza vaccine (split virion, inactivated) suspension for injection 0.5ml pre-filled syringes	For Intramuscular Injection	1 pre-filled disposable injection	
Influenza vaccine (split virion, inactivated) suspension for injection 0.5ml pre-filled syringes	For Intramuscular Injection	1 pre-filled disposable injection	

Name:

Date of birth:

Influenza vaccine (split virion, inactivated) suspension for injection 0.5ml pre-filled syringes	For Intramuscular Injection	1 pre-filled disposable injection	
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Repeat Medication

Repeat

Drug	Dosage	Quantity	Last Issued On
Pregabalin 25mg capsules	One To Be Taken Twice A Day	56 capsule	18-Jan-2017
Nefopam 30mg tablets	One To Be Taken Three Times A Day	90 tablet	18-Jan-2017
Laxido Orange oral powder sachets sugar free (Galen Ltd)	Dissolve Contents Of One Sachet In Half A Glass (125mL) Of Water And Take Each Day	20 sachet	18-Jan-2017
Neditol XL 2mg capsules (Aspire Pharma Ltd)	Once Daily	28 capsule	18-Jan-2017
Neditol XL 2mg capsules (Aspire Pharma Ltd)	Once Daily	28 capsule	18-Jan-2017
Donepezil 10mg tablets	DISPENSED BY HOSPITAL. SEE LATEST CLINIC LETTER FOR DOSE	0 tablet	26-Mar-2015
Neoral 100mg capsules (Novartis Pharmaceuticals UK Ltd)	Two To Be Taken Twice A Day	30 capsule	25-Mar-2014
Indapamide 1.5mg modified-release tablets	One To Be Taken Each Morning	30 tablet	
Indapamide 1.5mg modified-release tablets	One To Be Taken Each Morning	30 tablet	

Allergies

Date	Description	Associated Text
10-Mar-2017	Adverse reaction to trimethoprim	

Physical Examination

BP

10-Feb-2014 : 70 mmHg

BMI

08-Jan-2014 : 25.7 kg/m²

Height

08-Jan-2014 : 165 cm

Weight

08-Jan-2014 : 70 kg

Dementia screening test Results

6 CIT (see BEST website)

No events found.

Blood results

FBC,

ESR,

B12

Folate,

TFT's,

U&E,

Ca²⁺

LFT's

glucose

HbA1C

Name:

Date of birth:

lipid profile/cholesterol

Additional information about family members/friends contact details

*(i.e. further information from family member / friend / carer / practice staff, vulnerability, any other stresses)
information on Patient Alerts in notes*

Are there any concerns/risks to health, safety, welfare, vulnerability of the patient?

Does the patient consent to the referral?

Yes

No

Name:

Date of birth: