



**LOCHABER CARE AND REPAIR – DEMENTIA ENABLEMENT PROJECT**

<b>Client's Details</b>						
Name:						
Address:						
Date of Birth:						
Telephone:						
Email:						
GP Practice:						
Tenure	Owner	Shared Owner	Local Authority	Housing Association	Private Rented	Other

<b>Contact/Next of Kin/POA</b>						
Name:						
Relationship:						
Address:						
Telephone:						
Email:						
<b>Preferred method of contact: (Please tick appropriate method/person)</b>						
Telephone:		Email		Letter		
Preferred contact:						
Client		Contact		Referring Agency		
Is the client and or preferred contact aware of the referral				<b>YES</b>		<b>NO</b>

<b>Referring Agency Details:</b>	
Name:	
Position:	
Organisation Name:	
Telephone:	
Email:	
Date:	Signature:

<b>Classification:</b>		<b>Health Issues:</b>
Presenting with signs of dementia		
Undergoing Assessment		
Clinical Diagnosis		
<b>Current Services &amp; Contact Details (If known)</b>		
Home Care/Care Manager		Name / Contact No
Community Alarm		
Nursing Service		
Occupational Therapist		Name/Contact No
Housing Support Services		Name/Contact No
Social Work		Name/Contact No
Day Care		
Befriender		
Other Third Party Organisation		



**Reason for Referral:**

**Please send/email/fax completed referral form to:**

<b>By post</b>  Lochaber Care and Repair Dementia Enablement Project 101 High Street Fort William PH33 6DG	<b>By Fax:</b>  01397 704141	<b>By email:</b>  info@lcr.org.uk
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**If you wish to discuss this referral with a staff member please contact the Dementia Enablement Service, Lochaber Care and Repair on 01397 706444**