

DEMENTIA NAVIGATOR SERVICE

Date referred _____ Date of initial contact _____

PWD ID Number _____ Family Carer ID Number _____

CLIENT DETAILS

Person living with dementia

Mrs/Mr/Ms _____

Surname: _____

First Name: _____

Preferred Name: _____

Gender: M F

Date of Birth: _____

Marital Status: _____

NHS No: _____

Swift No: _____

Ethnicity: _____

Religion _____

First Language _____

Other Languages _____

Family Carer

Mrs/Mr/Ms _____

Surname: _____

First Name: _____

Preferred Name: _____

Gender: M F

Date of Birth: _____

Marital Status: _____

NHS No: _____

Swift No: _____

Ethnicity: _____

Religion _____

First Language _____

Other Languages _____

Relationship of the family carer to the person with dementia _____

Other family members/supporters _____

Home Address _____

Postcode _____

Tel _____

Email _____

Does PWD use social media? _____

Does the family carer live in the same household as the person with dementia?

Y N

If no, please complete the following for the family carer?

Home Address _____

Postcode _____

Emergency contact _____

Relationship _____

Tel: _____

Email _____

PWD's GP _____

Other services involved to support PWD

Tel _____

Email _____

Emergency contact _____

Relationship _____

Tel: _____

Email _____

Carer's GP _____

Does carer use social media? _____

Other services involved in supporting the carer

REFERRAL DETAILS

Referred by:

Self

Family Member/Friend/Neighbour:

Name: _____

Relationship to PWD _____

Tel: _____

Email _____

Professional eg GP, Social Worker

Name: _____

Discipline/Service _____

Address _____

Tel: _____

Email _____

Referred by:

Self

Family Member/Friend/Neighbour:

Name: _____

Relationship to carer _____

Tel: _____

Email _____

Professional eg GP, Social Worker

Name: _____

Discipline/Service _____

Address _____

Tel: _____

Email _____

<p>Formal Diagnosis of Dementia Yes/No</p> <p>Date of Diagnosis: _____</p> <p>What is the diagnosis (type of dementia)?</p> <p>_____</p> <p>Other health problems:</p> <p>_____</p> <p>_____</p>	<p>Carer's health problems</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Reason for referral

Data protection and consent – The Dementia Navigator Service is provided collaboratively by Agewell, Sandwell Crossroads and Dementia Pathfinders. We take your privacy seriously and have taken steps to protect it. Any personal data you give to us, including photographic/ moving images, will be processed strictly in accordance with the Data Protection Act 1998 and will be used for the purposes that you have consented to. We will not share your details with third parties without your consent, except where we are legally compelled or obliged to do so.

Consent to share information

Yes No



The Sandwell Dementia Navigator service is a partnership between Agewell, Sandwell Crossroads and Dementia Pathfinders. To contact the service, please call 0121 553 6483 and select option 6 or email dementianavigators@sandwellcrossroads.org For further information, please visit the Sandwell Dementia Roadmap <https://dementiaroadmap.info/sandwell>