



**GENERAL PRACTITIONER**

Name \_\_\_\_\_ Tel no \_\_\_\_\_

Address \_\_\_\_\_

**CONSULTANT**

Name \_\_\_\_\_ Tel no \_\_\_\_\_

Address \_\_\_\_\_

**HAS THE PERSON A DIAGNOSIS OF DEMENTIA YES/NO**

If yes - date \_\_\_\_\_ By whom \_\_\_\_\_

Please state type of dementia (if known) \_\_\_\_\_

If no - is diagnosis being sought? YES/NO Details \_\_\_\_\_

If no diagnosis is being sought, was onset of dementia symptoms before age 65? \_\_\_\_\_

**BRIEF PERSONAL HISTORY**

Personal history (include previous occupation and family ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interests and leisure activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Support from family, friends and neighbours \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current circumstances \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ANY KNOWN HEALTH PROBLEMS?** (please indicate in each part the source of the information eg personal, GP, CPN, Care Manager)

Physical health \_\_\_\_\_ Source \_\_\_\_\_

Allergies \_\_\_\_\_ Source \_\_\_\_\_

Mental health \_\_\_\_\_ Source \_\_\_\_\_

List medication taken \_\_\_\_\_

**FOOD AND DIET**

Any known allergies to food products \_\_\_\_\_

Any special dietary needs \_\_\_\_\_

**CURRENT ABILITIES**

**MOBILITY AND TRANSPORT** mark (a) if achieved independently (b) with help (c) if unable

walking inside \_\_\_\_\_ walking outside \_\_\_\_\_ steps \_\_\_\_\_

in/out of chair \_\_\_\_\_ in/out of car \_\_\_\_\_ public transport \_\_\_\_\_

Comments \_\_\_\_\_

**PERSONAL CARE** mark (a) if achieved independently (b) with help (c) if unable

eating \_\_\_\_\_ grooming \_\_\_\_\_ dressing \_\_\_\_\_

using toilet \_\_\_\_\_ maintaining continence \_\_\_\_\_ bathing \_\_\_\_\_

Comments \_\_\_\_\_

**COMMUNICATION** mark (a) good, (b) adequate or (c) poor communication abilities

speech \_\_\_\_\_ sight \_\_\_\_\_ hearing \_\_\_\_\_ understanding \_\_\_\_\_

Comments \_\_\_\_\_

**IS THE PERSON IN CONTACT WITH STATUTORY ORGANISATIONS?**

Social and Health Care/Team \_\_\_\_\_

Tel/email \_\_\_\_\_

Community Psychiatric Nurse \_\_\_\_\_

Tel/email \_\_\_\_\_

**FUNDING**

Early referral is beneficial for the person with dementia. People are likely to be funded from different sources during their relationship with The Clive Project. Please indicate which source is the most appropriate now. If you are not sure, please contact: **Anna Eden**

**FUNDING SOURCES**

Private Contribution: £7.75/hour for weekday support and £15.00/hour for weekend, evening and public holiday support plus activity costs. Waivers may be possible.

Contract Funding: Oxfordshire Social and Community Services and Oxfordshire and Buckinghamshire Mental Health Trust jointly purchase support from The Clive Project for people who are eligible for care services. This contract is managed by Oxon SCS and is available through the person's Care Manager. Oxon SCS also purchase support through individual spot contracts.

Other sources of funding including Direct Payments and Continuing Care. Further details available from Oxon Social and Community Services.

**REFERRER'S DETAILS**

Name \_\_\_\_\_ Organisation (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Tel no. \_\_\_\_\_ Tel no home (if applicable) \_\_\_\_\_

Mobile no. \_\_\_\_\_ Email \_\_\_\_\_

Relationship to person \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: Anna Eden, One to One Service Co-ordinator,  
The Clive Project, 7 Mount Pleasant, Crawley Road, Witney OX28 1JE.  
Telephone no. 01865 794311 Email [annaeden@thecliveproject.org.uk](mailto:annaeden@thecliveproject.org.uk)