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| **Referral Criteria**  **For access to Admiral Nurse Services, at least ONE of the 3 criteria must be met:** | **Tick** |
| 1. The person living with dementia has a known or suspected dementia diagnosis and is suspected to be in the last 12-18 months of life (End of Life phase) |  |
| 1. The person living with dementia has unresolved, complex needs (psychological, social, spiritual, physical nature) which cannot be met by the current care team **OR** has a Mini Addenbrooke Cognitive Exam (MACE) score of **5 or less** |  |
| 1. The carer of the person living with dementia requires support which cannot be met by the current care team |  |

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| **CARER INFORMATION** |  |
| Name:  Preferred name:  Gender:  Date of birth: Age:  Address:  Telephone:  Email:    Relationship to the Person with Dementia: | **What areas are you / the carer struggling with:**  **(e.g. physical; psychological; social; spiritual;**  **practical; financial)** |

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| **Carer Past Medical History:** | **Is carer / person living with dementia known to any other service (please tick any that apply):** | | | |
| Older Person’s Mental Health Service (OPMHS) |  | Long-term Conditions Co-ordinator (LTCC) |  |
| Alzheimer’s Society |  | Continence Nurse |  |
| Hospice |  | Safeguarding team |  |
| Social Worker: |  | Other: |  |

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| **Has carer consented to referral: YES NO**  **Has carer consented to information sharing: YES NO**  **Referral for: (please circle)**  **1 to 1 Admiral Nurse Support ~~Community Respite~~ (unable to offer at present)** |

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| **Name of Person living with dementia:**  **Age: Date of birth:**  **Dementia diagnosis (Y/N):**  **Date of diagnosis (if known):**  **Type of Dementia (please circle):**  Alzheimer’s Vascular Mixed  Lewy Bodies Front-temporal Unknown  Other (please state):  **Mini-Addenbrook Cognitive Exam (MACE) score**  **(out of 30):**    **Date of last Addenbrook:**  **RIO Number (if known):**  **Same address as carer (Y/N):**  **Address (if different to carer address):** | **Present Condition / Symptoms of person living with dementia (including psychological and behavioural**) | | | | |
| **Agitation** |  | | **Inhibitions** |  |
| **Aggression** |  | | **Nutrition** |  |
| **Communication** |  | | **Pain** |  |
| **Depression** |  | | **Repetition** |  |
| **End of Life** |  | | **Sleeping** |  |
| **Hallucinations** |  | | **Sundowning** |  |
| **Hydration** |  | | **Wandering** |  |
| **Other (please state):** | | | | |
| **Has the person living with dementia and/or their family carer been in the armed forces or married to/been married to someone that served in the armed forces? (Y/N):** | | | **Service number (if known):** | | |

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| **Source of referral:**  Name:  Address:  Telephone:  Email:  Print Signature:  Role: Date: | **Information will be processed in accordance with the Data Protection Act 2018 and General Data Protection Regulations (GDPR). The Hospice IOM Privacy Notice is available on our website** [**https://www.hospice.org.im/our-privacy-policy/**](https://www.hospice.org.im/our-privacy-policy/) **. If you do not have access to the internet you can request a paper copy by phoning 647475. You can withdraw consent to “information sharing” at any time, however this may affect Hospice’s ability to provide its services.**  **Please email this referral form to:**  [**Referrals@hospice.org.im**](mailto:Referrals@hospice.org.im) |

**Please note the Hospice IOM Admiral Nurse Service is open Monday – Friday, 9am to 5pm.**

**If you need to speak to someone outside of these times, please ring the Admiral Nurse Dementia Helpline:** Call **0800 888 6678** (Freephone) or email [**helpline@dementiauk.org**](mailto:helpline@dementiauk.org)

**Helpline Opening hours:** Monday – Friday, 09:00am – 9:00pm & Saturday/ Sunday, 9am – 5pm

**The Admiral Nurse Helpline provides confidential advice and support and will refer you to the Hospice Isle of Man Admiral Nurse Service if required**.

**The Admiral Nurse Service is funded by the Forget Me Not charity, hosted by Hospice Isle of Man and supported by Dementia UK**