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 Website: [www.westernalzheimers.ie](http://www.westernalzheimers.ie)

REGISTERED IN IRELAND No. 244419

REG. No. CHY 11416



Referral Form/Enquiry Sheet

<b>Date</b> _____	
<b>Referred By</b>	
<b>Name</b>	_____
<b>Address</b>	_____ _____
<b>Tel No</b>	_____
<b>Email</b>	_____
<b>Details of Client ( Please use Block Capitals)</b>	
<b>Name</b>	_____
<b>Address</b>	_____ _____
<b>Tel Number</b>	_____
<b>Date of Birth</b>	_____ <b>Lives Alone Yes/No</b> _____
<b>When Diagnosed</b>	_____
<b>GP</b>	<b>PHN</b>
Address _____	Address _____
Tel No _____	Tel No _____
<b>Is client in receipt of Home Care Package?</b>	<b>Yes/No</b> _____
<b>Does client hold Medical Card?</b>	<b>Yes/No</b> _____
<b>Details of Primary Carer</b>	
<b>Name</b>	_____
<b>Address</b>	_____ _____
<b>Tel No</b>	_____
<b>Email</b>	_____
<b>Relationship to Client</b>	_____
<b>Other Services Involved:</b>	<b>HSE Home Help Agency</b> <b>Yes/No</b> _____ <b>Voluntary Agency</b> <b>Yes/No</b> _____
<b>Needs</b>	<b>Home Support</b> <input type="checkbox"/> <b>Cogs</b> <input type="checkbox"/> <b>Day Care</b> <input type="checkbox"/> <b>Respite</b> <input type="checkbox"/> <b>LTC</b> <input type="checkbox"/> <b>Other (please specify)</b> _____

**Western Alzheimers**

**Observations** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WESTERN ALZHEIMERS OFFICE USE**

**Follow Up Report** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date Service Commenced** \_\_\_\_\_  
**Service Reference** \_\_\_\_\_  
**Letter from Doctor**

**Referred on:** Maryfield  Marian House  WA Roscommon  WA Ballindine  
**Other (please specify)** \_\_\_\_\_

<b>Type:</b>	<b>Dept:</b>
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<b>Ref:</b>
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## Processing of Sensitive Personal Data

Western Alzheimers is committed to protecting the rights and privacy of individuals in accordance with the Data Protection Acts and Regulation (EU) 2016/679 (GDPR). Article 9 of the GDPR requires explicit consent from the Data **Subject for the processing of sensitive personal data** (e.g. **medical documents**).

If the information you are providing relates to 'sensitive personal data' as defined in GDPR, Western Alzheimer, requires explicit consent from you in order to obtain and process this information. For example; if you are disclosing information on conditions you suffer from or any medication you may be taking. To collect and store these records **for your convenience and to process those records you must sign the consent below.**

Data is retained solely for the purposes of providing \_\_\_\_\_ and is never shared with third party without your explicit consent.

Name	
Phone Number	
Comments	

I ..... consent to Western Alzheimers processing the data including any sensitive personal data submitted with this form for the purpose of providing the consultation and/or service.

Signed ..... Date .....