

**WESTERN ALZHEIMERS MAYO BRANCH**  
 Ballindine, Claremorris, Co. Mayo  
 Tel: 084 93 64900  
 E-mail: [info@westernalzheimers.ie](mailto:info@westernalzheimers.ie)  
 Website: [www.westernalzheimers.ie](http://www.westernalzheimers.ie)



REGISTERED IN IRELAND No. 244419  
 SUPPORTED BY FAS. REG. No. CHY 11416

## Referral/Enquiry Form

<b>DATE:</b>		<b>TAKEN BY:</b>	
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REFERRED BY	
<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>TEL NO:</b>	

CLIENT DETAILS			
<b>NAME:</b>			
<b>ADDRESS:</b>			
<b>TEL NUMBER:</b>			
<b>DATE OF BIRTH:</b>		<b>LIVES ALONE:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>NEXT OF KIN</b>			
DIAGNOSIS			
<b>TYPE OF DEMENTIA</b>	Alzheimers Disease		Vascular Dementia
	Frontotemporal Dementia		Other, Please Specify
<b>WHEN DIAGNOSED:</b>			
<b>GP:</b>		<b>PHN:</b>	
<b>ADDRESS</b>		<b>ADDRESS:</b>	
<b>TEL NO:</b>		<b>TEL NO:</b>	
<b>IS CLIENT IN RECEIPT OF HOME CARE PACKAGE?</b>		Yes	No
<b>DOES CLIENT HOLD MEDICAL CARD?</b>		Yes	No

PRIMARY CARER DETAILS	
<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>TEL NO:</b>	
<b>RELATIONSHIP TO CLIENT:</b>	

OTHER SERVICES INVOLVED					
<b>HSE HOME HELP</b>	Yes		No		<b>Details</b>
<b>AGENCY</b>	Yes		No		<b>Details</b>
<b>VOLUNTARY AGENCY</b>	Yes		No		<b>Details</b>

SERVICE REQUIREMENTS	
Home Support	
Day Care	
Respite	
LTC	
Other (please specify)	

**OFFICE USE**

OBSERVATIONS					
MOBILITY ASSISTANCE	Yes		No		
WHEELCHAIR		ZIMMERFRAME		HOIST	
PERSONAL CARE ASSISTANCE	Yes		No		
TOILETING ASSISTANCE	Yes		No		

ADDITIONAL INFORMATION/MEDICAL HISTORY:

FOLLOW UP REPORT

DATE SERVICE COMMENCED:	
SERVICE REFERENCE:	

REFERRED ON:	
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TYPE:		DEPT:		REF:	
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