Sharing the Care
Western Alzheimers
Website: www.westernalzheimers.ie

GALWAY BRANCH	MAYO BRANCH	ROSCOMMON BRANCH
Colonial Buildings, Eglinton Street, Galway H91 XWH3	Ballindine, Claremorris, Co. Mayo F12 PY99	Goff Street, Roscommon, F42 PR83
Tel: 091 565 193	Tel: 094 93 64900	Tel: 090 66 27816
Email:galway@westernalzheimers.ie	Email: info@westernalzheimers.ie	Email:roscommon@westernalzheimers.ie

Referral/Enquiry Form

DATE:		TAKEN BY:	

CLIENT DETAILS					
NAME:					
ADDRESS:					
TEL NUMBER:					
DATE OF BIRTH:			LIVES ALONE:	Yes	No
NEXT OF KIN					
DIAGNOSIS					
TYPE OF DEMENTIA	Alzheimers Disease		Vascular Dementia		Lewy Body Dementia
	Frontotemporal Dementia		Other, Please Specify	☐	☐
WHEN DIAGNOSED:					
GP:			PHN:		
ADDRESS			ADDRESS:		
TEL NO:			TEL NO:		

IS CLIENT IN RECEIPT OF HOME CARE PACKAGE?	Yes		No	
DOES CLIENT HOLD MEDICAL CARD?	Yes		No	

REFERRED BY	
NAME:	
ADDRESS:	
TEL NO:	

PRIMARY CARER DETAILS			
NAME:			
ADDRESS:			
TEL NO:		Email:	
RELATIONSHIP TO CLIENT:			

OTHER SERVICES INVOLVED						
HSE HOME HELP	Yes		No		Details	
AGENCY	Yes		No		Details	
VOLUNTARY AGENCY	Yes		No		Details	

SERVICE REQUIREMENTS	
Post Diagnosis Information, Support , Counselling and Advice	
Carer Training Opportunities	
Individual Family Support Meetings	
Linkages within the community , Dance & Music Clubs	
Befriending Service	
COGS Club Cognitive Stimulation Therapy	
Day Care	
Respite Care	
Carer Support Group Meetings	
Home Support	
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:	

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 Alzheimers 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 parties 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:** ………………………………………………….