



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/Assessment

DATE:		TAKEN BY:	
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CLIENT DETAILS						
NAME:						
ADDRESS & EIRCODE:						
TEL NUMBER:						
DATE OF BIRTH:		LIVES ALONE:	Yes <input type="checkbox"/> No <input type="checkbox"/>			
NEXT OF KIN						
DIAGNOSIS						
TYPE OF DEMENTIA	Alzheimers Disease		Vascular Dementia		Lewy Body Dementia	
	Frontotemporal Dementia		Other, Please Specify		Early Onset Dementia	
WHEN DIAGNOSED:						
GP:		PHN:				
ADDRESS			ADDRESS:			
TEL NO:			TEL NO:			
DOES CLIENT HOLD MEDICAL CARD?					Yes	No
IS CLIENT IN RECEIPT / SUPPORTED BY HOME CARE PACKAGE?					Yes	No
IS THE FAMILY IN RECEIPT OF ANY OTHER SERVICE, PLEASE TICK						
HSE HOME HELP	Yes	No	Details			
PRIVATELY SOURCED CARE	Yes	No	Details			
VOLUNTARY AGENCY, e.g. Western Alzheimers	Yes	No	Details			
ASSESSED BY: PSYCHIATRY OF LATER LIFE	Yes	No	Details			
ASSESSED BY: GERIATRICIAN	Yes	No	Details			

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

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	
Residential Respite Care	
Carer Support Group Meetings	

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 services 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 a consultation and/or service.

Signed **Date:**