Dementia Care Mapping – Referral Form

Information:

<table>
<tr><td colspan="3">Name of referer:</td><td colspan="3">Role/designation:</td></tr>
<tr><td colspan="3"></td><td colspan="3"></td></tr>
<tr><td colspan="3">Address of referer:</td><td colspan="3">Contact details:</td></tr>
<tr><td colspan="3" rowspan="2"></td><td colspan="3"></td></tr>
<tr><td colspan="3">E-mail:</td></tr>
<tr><td>Is this a whistleblow?</td><td>Yes</td><td>No</td><td>Date/time of report:</td><td colspan="2"></td></tr>
<tr><td>ASC Complaint raised?</td><td>Yes</td><td>No</td><td>Date/time of report:</td><td colspan="2"></td></tr>
<tr><td>Safeguarding Alert raised?</td><td>Yes</td><td>No</td><td>Date/time of report:</td><td colspan="2"></td></tr>
<tr><td colspan="3">Customer Name and contact details (or LL ref):</td><td colspan="3">Next of kin/Person with PR/Guardian Name and contact details:</td></tr>
<tr><td colspan="3"></td><td colspan="3"></td></tr>
<tr><td>Has consent been obtained?</td><td>Yes</td><td>No</td><td colspan="3" rowspan="2">Date consent obtained:

Person giving consent:

Relationship to the servce user:</td></tr>
<tr><td colspan="3">(The referral will not be actioned if consent is not obtained prior).</td></tr>
<tr><td colspan="6">Reasons for referral and background to this issue, (please provide as much supporting information as possible):</td></tr>
<tr><td colspan="6"></td></tr>
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What steps/ actions have been taken already if any (i.e. medication review, urine test/ blood tests etc.)?
Any other information you think the CP&QDCM Team should be aware of?
Are there any other relevant professionals/ services currently involved with the identified service user?
Are there any specific questions you require an answer for?

Timescale:
In order for the CP&QDCMT to respond to the referral within an appropriate time frame, please identify the most appropriate timescale you feel reflects the nature of the referral.

Referers risk rating (RAG). *(Please highlight the required response and provide your reasoning below)*	**HIGH 4 Weeks**	**Moderate 8 Weeks**	**Low 12 Weeks**
Dementia Care Mapper risk rating (RAG). *(For use by CP&QDCM - tick applicable rating, and include initials for ease of reference).*			

Follow up:
Where the evaluation of a reported incident identifies a Quality/Performance issue which requires specific action, the, CP&QDCM will provide brief feedback regarding any intervention taken by the team to resolve the situation.

Summary of the steps taken by the CP&QDCM in response to the observation.

Completed forms for the Contract Performance & Quality Dementia Care Mapping Team (CP&QDCMT) must be sent to dementia.academy@hullcc.gov.uk with **'Referral'** clearly identified in the subject line.