|  |  |
| --- | --- |
| Received by |  |
| Database I.D |  |

Criteria to be considered for a referral:-

* live within Clackmannanshire, Stirling or Falkirk Council areas
* live with a diagnosis of a dementia or cognitive impairment.

|  |  |
| --- | --- |
| Service Required | |
| Post Diagnostic Support |  |
| Social Group Sessions |  |
| Buddy Network |  |
| Cognitive Stimulation Therapy (CST) |  |

|  |  |  |
| --- | --- | --- |
| Demographic Data | Referred individual (PLwD) | Carer/ other (Specify relationship) |
| Relationship to referred |  |  |
| Title: |  |  |
| Full Name: |  |  |
| Known as: |  |  |
| Address: |  |  |
| Date of Birth: |  |  |
| Telephone: |  |  |
| Email: |  |  |

|  |  |  |
| --- | --- | --- |
| Medical Information | Referred individual (PLwD) |  |
| Diagnosis |  |  |
| Date of diagnosis |  |  |

|  |  |  |
| --- | --- | --- |
| Points of contact (if different from carer) | Emergency 1 | Emergency 2 |
| Name |  |  |
| Phone number |  |  |
| Address |  |  |
| Email |  |  |
| Referrers Name | | |
| Name |  | |
| Position/ Self-referral |  | |
| Telephone contact |  | |
| Date |  | |

Please return to **referrals@townbreak.org** or **Town Break, 1 Springkerse Road, Stirling, FK7 7SN.**

**N.B.** All information will be kept in accordance with data protection legislation. We will never share information without consent or unless we are required to by law.

**[ ENDS ]**