

REFERRAL for ASSESSMENT

Please tick which groups you are interested in:

In-Person Groups Online Groups PPA Support Unsure

Has consent been given for this person's personal details to be held by us and do they understand they can request to see what information we hold on them?

Your details

	Date	Method
First name	Surname	
Address	Date of birth	
Phone number	Mobile number	
Email address		

Next of kin

First name	Surname	
Address		
Phone number	Mobile number	
Emergency phone number if different from the above		

Referrer

Name	Role	
Address	Date of referral	
	Reason for referral	
Phone number	Email address	

Medical

GP Name	Medical history ~ please include diagnosis (PPA/dementia) / date of onset (stroke/brain injury)	
GP Address		
Phone number		
Other relevant professionals involved		
		Is the person diabetic?
		Have any seizures occurred?

OFFICE USE ONLY: Date of assessment

Trial visit date

Outcome of trial

Speech and Language Therapy history

Please give details if therapy is ongoing since we will need to contact the therapist involved.

Communication difficulty

Please describe how the person currently communicates (expression, comprehension, reading and writing), and any strategies which have been found to help. Aphasia should be the primary communication disorder. If no diagnosis has been made please contact us to discuss.

Additional difficulties (e.g. concentration, fatigue, memory, emotional, mobility, vision and hearing)

Please note we will require all referrals to be independent in the toilet. Wheelchair users are welcome at both locations.

Social/Family information

Transport

Please indicate how the person plans to travel to and from Dyscover.

Interests/Activities/Work

Please supply any additional information/reports which you feel would be useful for us to have.

Return by email to info@dyscover.org.uk

Or post to us at Dyscover, Leatherhead Court, Woodlands Road, Leatherhead, Surrey KT22 0BN

T : 01737 819419

E : info@dyscover.org.uk

www.dyscover.org.uk



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DAA Dementia Action Alliance

