**REFERRAL FOR MEMORY REHABILITATION PROGRAMMES**

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| **Living Well with Dementia Service,**  **Memory Technology Library,**  **Grounds of South Tipperary General Hospital,**  **Clonmel,**  **Co Tipperary.**  **TEL: 052 6177080**  **087 055005** | **cid:CFCA1F5A-80B1-426B-BE10-4EC9FB9F918B** | | | | |
| **To refer please sign below.**  **An assessment will be undertaken to determine which programme best suits needs of client.** | | | | | |
| **PROGRAMME ONE: MEMORY REHABILITATION PROGRAMME:** | | | | | |
| **This programme** is designed for people with **mild dementia**, to help improve or maintain functioning in everyday life and support independence by finding ways to compensate for impairments. Information about dementia, how the memory works, management, living well, legal issues is also provided. **(Six week programme).** | | | | | |
| **PROGRAMME TWO: PSYCHOSOCIAL EDUCATION PROGRAMME:** | | | | | |
| This programmeis designed for people with **mild to moderate dementia.** The content is similar to above but adapted to suit people whose memory difficulties are more pronounced. It requires a greater level of family/carer participation. **(Five week programme).** | | | | | |
| **CRITERIA FOR REFERRAL:** | | | | | **Please tick** |
| * **Programme 1:** Diagnosis of Mild Dementia   **OR**   * **Programme 2:** Mild/Moderate Dementia | | | | |  |
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| * South Tipperary Catchment Area (*people outside of catchment area will be considered if places available)* | | | | |  |
| * Aware of diagnosis and awareness/insight of everyday memory difficulties | | | | |  |
| * No severe psychosis | | | | |  |
| * Support from family member/carer/friend -preferable | | | | |  |
| * Available to attend full programme. | | | | |  |
| ***Please document most recent score if available:***   * **ACE** and/or **MMSE:** | | | | | **SCORE** |
|  |
| **Any other relevant medical/social information:** | | | | | |
| **Name of Client:** | | | **DOB:** | | |
| **Address:** | | | | | |
| **NOK:** | | **PREFERRED CONTACT NO:** | | | |
| **GP:** | | | | | |
| **Referred by:**  **(*Signature & Title*):**  **Location/Service:** | | | | **Date:** | |