**REFERRAL FOR EDUCATION PROGRAMMES**

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| **Living Well with Dementia Service,****Memory Technology Library,****Tipperary University Hospital,****Clonmel,****Co Tipperary.****TEL: 052 6177080****MOB: 087 055005****Email:** **livingwellwithdementia@hse.ie** | **cid:CFCA1F5A-80B1-426B-BE10-4EC9FB9F918B** |
| **To refer please select the group, add the details and sign below.** |
| **POST DIAGNOSTIC DEMENTIA EDUCATION PROGRAMME:** |
| **This programme** is designed for people with early stages of dementia who are recently diagnosed. It is an education programme providing insight and awareness about dementia. The group will provide practical and protective strategies to support continued engagement and independence by finding ways to compensate for impairments. Information about dementia, how the memory works, management, living well, legal issues is also provided. **(Four week programme).** |
| **FAMILY CARER EDUCATION PROGRAMME:**  |
| **This programme** is designed for family carers of people at any stage of dementia. The aim of the programme is to give family carers an understanding of dementia, how it impacts on the person, their environment, and engagement. The programme will provide practical advice to support you in their caring role and meeting other family carers will provide valuable peer support. **(Four week programme)**  |
| **CRITERIA FOR REFERRAL:**  | **Please tick** |
| * **Post Diagnostic Group:** Person with Diagnosis of Mild Dementia

**OR*** **Family Carer Education Group: Family caring for a person with dementia**
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| * South Tipperary Catchment Area (*people outside of catchment area will be considered if places available)*
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| * Aware of diagnosis and awareness/insight of everyday memory difficulties
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| * No severe psychosis
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| * Support from family member/carer/friend –preferable (Post Diagnosis Group)
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| * Available to attend full programme.
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| ***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:** |