St Cuthbert's Hospice

Namaste Care Service Referral

(For patients with advanced dementia living at home with a family carer in the central Durham and Chester-le-Street AAP areas.)

(The patient/ carer has consented to this referral)

Patient Name:	Date of Birth:
Address: Post Code:	Telephone Home: Mobile:
NHS no: GP name: GP Address:	Main Carer: Relationship to patient: Next of kin (if different): Relationship to patient:

Referrer Name:	Referrer Role:
Referrer Contact no:	Date of referral:
Referrer Address:	

About the patient
Diagnosis / Type of dementia:
When was the condition diagnosed?
Summary of current level of functioning:

Any other services involved?
Are there any reasons why this patient should not have a gentle hand or foot massage?

Is there any information regarding safeguarding or risk that we need to be aware of, given that our staff member or volunteer will be lone working into the person's home?

Any additional information you feel would be useful?

Please send referral forms to:

Namaste Care Service / Living Well Centre

Tel: 0191 3861170 option 2

Email: necne.stcuthbertshospicereferrals@nhs.net