



**Easy Read
booklet**



Dementia Wellbeing Service self-referral form for Deaf people



Self

Who we are and what we do



We are the **Dementia Wellbeing Service**. We provide **dementia** services in Bristol. The service is a partnership between the NHS and Alzheimer's Society.



Dementia is a medical term that describes a condition that includes **symptoms** like memory loss, confusion and changes in behaviour.

A **symptom** is a problem caused by a health condition.



This booklet is a **self-referral form** for Deaf people.



A **self-referral form** is a way for you to tell us you would like to use our service.

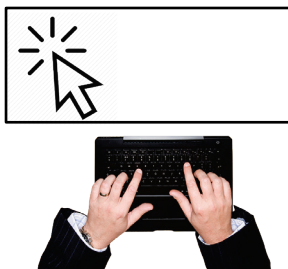
How to complete this form



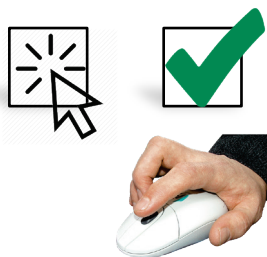
Please read our service leaflet or watch it in BSL before completing this form.



This will help you check if this is the right service for you and tell you how to contact us.



Click on the big boxes and type to tell us your answer.



Click on the little boxes to pick the answer that is right for you.



You can also print and complete this form by hand.

Section 1

Who is being referred



Name

What is your full name?



Date

What is your date of birth?



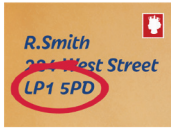
Information

What is your NHS number?



Date

What is the date you are completing this form?



What is your address including your postcode?

Blank response area for address.



What is your home phone number?

Blank response area for home phone number.



What is your mobile phone number?

Blank response area for mobile phone number.



What is your email address?

Blank response area for email address.



Hello

What is the best way to contact you?



By email



By phone



By text



Communicate

What is the best way to communicate with you?



Lip reading



BSL (an interpreter would be required)



What?

Something else (please say)

Section 2

If you are referring for someone else



Name

What is your name?

This is the referrers name.



What are your contact details?

This is the referrers contact details.



Friend

What is your relationship to the person being referred?



Happy

Has the person being referred said they are happy for this referral to happen?

If **no**, please contact their GP first.



Yes



No

Section 3

GP details



We need to contact your GP to accept this referral.



Yes

By sending us this referral you are saying that you are happy for us to contact your GP.



Doctor

What is your GP's name and surgery name?

Section 4

Reason for referral



Are you worried about your memory and think you might have dementia and want an assessment for this?



Yes



No



Do you have a diagnosis of dementia and want support?



Yes



No



If **yes**, what dementia diagnosis do you have?



When was this diagnosis made?



Confused

How are your memory problems affecting your day to day life?

A large, empty rectangular box intended for the user to write their response to the question above.

What to do next

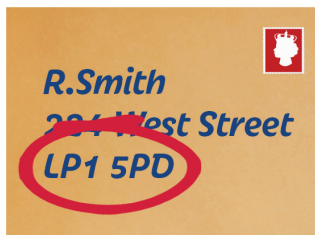


Thank you for completing this self-referral form.



To return the completed form by email send it to this address

dpn-tr.enquiriesbristoldementia@nhs.net



To return the completed form by post send it to this address

**Bristol Dementia Wellbeing Service,
Brookland Hall, Conduit Place,
Bristol, BS2 9RU**



Communicate

We will get in touch with you and then contact your GP.

