CAREGIVER SUPPORT SERVICES REFERRAL FORM

SOURCE OF REFERRAL

Date	Name / Designation	Organisation / Department

Contact Number	Fax Number	Email Address

Service(s) Required: ❑ Casework & Counselling ❑ Eldersit Respite Care Service ❑ Person-Centered Home-Based Intervention

CONFIRMATION OF CONSENT (please indicate)

I confirm that the main caregiver named in this Caregiver Support Services Referral Form has consented to us providing their personal data in it to Alzheimer's Disease Association for the purpose of us referring the main caregiver to ADA.

_____ _____

(Signatory of referring staff) (Date)

PARTICULARS OF PERSON WITH DEMENTIA

Name (As per NRIC)	NRIC No.	Date of Birth / Age

Address (As per NRIC)	Gender	Contact Number

Nationality

❑ Singaporean
❑ Singapore PR
❑ Others ( )

Marital Status

❑ Single ❑ Widowed
❑ Married ❑ Separated
❑ Divorced

Race

❑ Chinese ❑ Malay
❑ Indian ❑ Eurasian
❑ Others ( )

Religion

❑ Buddhism ❑ Islam
❑ Christianity ❑ Hinduism
❑ Others ( )

Language(s) / Dialect(s) Spoken

❑ English ❑ Mandarin ❑ Malay ❑ Tamil
❑ Cantonese ❑ Hokkien ❑ Teochew
❑ Others ( )

MEDICAL INFORMATION OF PERSON WITH DEMENTIA

(Please attach Inpatient Discharge Summary or any Medical Reports / Memorandum)

Type of Dementia

❑ Multi-infarct / Vascular ❑ Alzheimer's disease ❑ Others ( )

❑ With medical follow-up (Hospital:) ❑ Without medical follow-up

Cognitive & Behavioral Symptoms (Please tick if present & provide details)

Activity Disturbances:	❑ Wandering	❑ Purposeless Activity	❑ Inappropriate activity
Aggressiveness:	❑ Agitation	❑ Verbal Outburst	❑ Physical threats / Violence
Affective Disturbances:	❑ Tearfulness	❑ Depressed Mood	❑ Anxieties & Phobia
Psychological Symptoms:	❑ Hallucinations	❑ Paranoid / Delusions	❑ Day / Night Disturbances

Please provide details of behavioural symptoms:

PARTICULARS OF MAIN CAREGIVER

Name (As per NRIC)	**Date of Birth / Age**
Address (if different from above)	**Gender**

Contact Number (Hp / H)	**Email Address**	**Relationship to Person with Dementia**

Nationality

❑ Singaporean
❑ Singapore PR
❑ Others
( )

Language(s) / Dialect(s) Spoken

❑ English ❑ Mandarin ❑ Malay ❑ Tamil
❑ Cantonese ❑ Hokkien ❑ Teochew
❑ Others ( )

SOCIAL & FINANCIAL INFORMATION

Family Background *(Please attach a Social Report if it is available.)*

ILTC Means Test Completed ❑ Yes ❑ No ❑ Not Applying ❑ NA
(Upon means test completion, please attach together all relevant documents.)

Subsidy eligibility ❑ Yes, pls specify: _____ % ❑ No ❑ NA / Not Administered

ADDITIONAL INFORMATION / REMARKS

REFERRAL OUTCOME (For Official Use)

❑ Accepted ❑ Rejected with reason(s) as follows:

Date	**Name / Designation**	**Contact Number**