

GP DEMENTIA RISK NOTIFICATION

Fax this form to The GP

This can be filled in by Nursing or Medical Staff

Original form to be kept in patient records.

<p>Patient's Name:</p> <p>Home address: <small>WRITE ADDRESS or ATTACH STICKER</small></p> <p>Telephone number at property:</p> <p>NHS Number: Ward:</p> <p>Ward telephone number:</p>	<p>Address on discharge if different to home address:</p> <p>Name and Address of Next of Kin (will be needed by GP for referral)</p> <p>Discharge date: Date and time of referral:</p>
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Reason for Notification to GP	
<p>1. Patient has had a positive Dementia screening Assessment, using AMT4</p>	<p>The screening assessment suggests that this patient is at an increased risk of having dementia. Please consider reviewing patient and referring to Memory Clinic if this review suggests dementia may be present, Tick <input type="checkbox"/></p> <p>Blood screen complete, No , Tick <input type="checkbox"/> Yes, Tick <input type="checkbox"/></p> <p>(To include, tick if done: B12<input type="checkbox"/> , Folate <input type="checkbox"/> , TFTs<input type="checkbox"/> , Calcium<input type="checkbox"/> , Glucose<input type="checkbox"/> , FBC<input type="checkbox"/> , U&Es and LFTs<input type="checkbox"/>)</p> <p>Diagnosed Dementia by Consultant Geriatrician, Tick <input type="checkbox"/> Diagnosis.....</p> <p>Has patient had a CT scan? No , Tick <input type="checkbox"/> Yes, Tick <input type="checkbox"/> Date of scan..... (please include copy of CT to GP) (AMT4 is a shortened version of the AMTS, soon changing to 6-CIT)</p>
<p>2. Patient has had an Inconclusive assessment.</p>	<p>Inconclusive: a patient has been identified as having some form of cognitive impairment but unable to rule out delirium or mild cognitive impairment</p> <p>Please review as necessary Tick <input type="checkbox"/></p> <p>Blood screen complete, No , Tick <input type="checkbox"/> Yes, Tick <input type="checkbox"/></p> <p>(To include, tick if done: B12<input type="checkbox"/> , Folate <input type="checkbox"/> , TFTs<input type="checkbox"/> , Calcium<input type="checkbox"/> , Glucose<input type="checkbox"/> , FBC<input type="checkbox"/> , U&Es and LFTs<input type="checkbox"/>)</p> <p>Has patient had a CT scan? No , Tick <input type="checkbox"/> Yes, Tick <input type="checkbox"/> Date of scan.....</p>
<p>Name and designation of person completing notification</p>	