



NLFT Memory Services Referral Form

Patient Details

First Name:

Last Name:

Date of Birth:

NHS Number:

Address:

Contact telephone numbers:

Email:

Primary language:

Is an interpreter required for detailed cognitive assessment? Yes No

If Yes, please specify the language required: _____

Ethnicity:

Relationship Status:

Is the patient aware of the referral? Yes No

Do they want to be seen? Yes No

If No, provide details (note: the referral may still proceed where the GP considers assessment clinically necessary):

Is the patient able to attend clinic? Yes No

If No, provide details:

Next of Kin / Carer / Family Details

Providing these details has been shown to reduce DNA rates

First Name:

Last Name:

Relationship to Patient:

Address:

Contact telephone numbers:

Does the patient consent to contact? Yes No

If No, please confirm how communication should be managed and whether any alternative contact arrangements are in place:

Any other relevant details:

Reason for Referral

Is this a request for follow-up advice/appointment (e.g. medication query) rather than a new referral? Yes No If Yes, please provide details:

Details of their symptoms & impact on daily living:



Duration of cognitive symptoms & onset (sudden/gradual):

Last GP Review and has the patient been assessed to rule out delirium (i.e. an acute or acute-on-chronic confusional state, based on clinical judgement and history)?

Previous cognitive testing? Yes No

If yes, results / further details:

Medical History

Established diagnosis of dementia? Yes No

Diagnosis & Date (if known):

Previously known to Memory Service / Mental Health Team? Yes No

If yes, provide details:

Past medical history, current medication list & allergies (Attach summary sheet or add details below):

Current Risks

self-neglect harm to self harm to others risk of abuse/exploitation

wandering driving non-compliance with medication other

Details of any risks indicated:

Does patient have an open Safeguarding referral? Yes No

If yes, provide details:

Investigations

Blood tests: Please attach results (within the last 6 months) (FBC, U+Es, LFTs, TFTs, B12 & Folate, Calcium & Phosphate, HbA1c, Cholesterol & Lipids, Vitamin D, syphilis and HIV). Please let us know if blood tests are not possible.

ECG: Please attach if taken in the last year.

Imaging: MRI / CT brain scan in past two years? Yes No

If yes, please attach a copy of the report.

Any known contraindications to MRI scan? Yes No (this will be checked again directly with the patient as part of the consent process in clinic)

If yes, provide details: (Possible reasons might include pacemaker, prosthetic heart valve (please state whether tissue or metal), aneurysm clips, any metal in head, neck or shoulders (including whether patient is likely to have any metal fragments in their eyes).



Referrer Information	
Name:	
Role/Profession:	
Date of Referral:	
GP Surgery/Service:	
Email:	Phone:

Note: During transition to the updated form, referrals will not be rejected solely because an older version of the form was used.

Memory Service Contact Details (by Borough)

Please send completed referral forms to the Memory Service corresponding to the patient's borough of residence, using the contact details below.

Borough	Referral / Contact Details
Barnet	Referrals email: nlft.dutyintakeboacmht@nhs.net Telephone: 020 8702 6188 / 020 8702 6189
Camden	Service email (referrals & general enquiries): nlft.camdenmemoryservice@nhs.net Telephone: 020 3317 6584 (Duty worker, Monday–Friday, 9am–5pm)
Enfield	Referrals email: nlft.enfieldmhreferrals@nhs.net General enquiries: nlft.emsadmin@nhs.net Telephone: 020 8702 4470
Haringey	Referrals email: nlft.haringeyolderpeopleservicereferralinbox@nhs.net Telephone: 020 7026 3000
Islington	Team email: nlft.islingtonmemoryservice@nhs.net Telephone: 020 7561 4430

Referrals to National Hospital for Neurology and Neurosurgery, Queen Square

Patients should be referred to the National Hospital for Neurology and Neurosurgery at Queen Square where there is diagnostic complexity or specialist need beyond a standard memory assessment (e.g. young onset dementia, atypical or rapidly progressive presentations, complex neurological features).