

Date: _____

Dear GP/Healthcare Professional,

Re: Patient name: _____

Date of birth: ____ / ____ / _____

Care Home: _____

Phone: _____

The South London Health Innovation Network explored how to assist primary and secondary care practitioners to identify residents with possible dementia in the care home sector. This work resulted in a simple case finding tool and observation chart, the “DeAR-GP” (“Dementia Assessment Referral to GP”: see overleaf). Care home workers are trained and encouraged to use the DeAR-GP if they are concerned a resident may have dementia.

Staff at the above care home have been concerned about the above patient and have used the case finding tool, the results of which can be seen overleaf. Staff may collect further information and – if available – this information is documented overleaf on the observation chart.

We stress this is **not** a screening tool: staff are instructed only to use it with those residents who display signs or symptoms raising concern. Furthermore, identification by using this case finding tool does not confirm a diagnosis and is not a diagnostic exercise.

We thank you for reviewing the results and considering further action, as appropriate.



Dr Hugo de Waal
Consultant Old Age Psychiatrist
Clinical Director for Dementia
South London Health Innovation Network

Residents must give verbal consent to having their memory assessed in this way

Resident: _____ DOB: ____/____/____ Today's date:

Care Home: _____ Care worker: _____

1 Must be answered "YES" to continue to section 2 and 3:

Does this resident show signs of confusion or memory problems?

YES / NO

2 Observed in last 3 months:

Often Sometimes Rarely Never

Forgetting things

Repeating themselves

Disorientated

Restless

Wandering

Needs prompting with basic tasks
(dyspraxia and agnosia – see guidance info)

Speech and language problems

Withdrawn

Other (specify)

If the resident does not appear to have capacity, finish here and submit it to the GP or Memory Nurse without section 3.



DeAR-GP™

Dementia Assessment Referral to GP

For more information, see the FAQs.

Once completed, store this form in the agreed place for review by the GP or other healthcare professional when they attend.

3 Abbreviated Mental Test-4 (AMT-4)

Question	Answer
How old are you?	
What is your date of birth?	
Where are we now?	
What is the year?	
Score	
Less than 4 is abnormal	/4