

INSERT OWN
LOGO HERE

DeAR-GP®

Dementia Assessment Referral to GP

Date ____/____/____

Dear GP/Healthcare Professional,

Re: Tenant name: _____ Date of birth: ____ / ____ / ____

Housing Scheme Name: _____ Phone: _____

DeAR-GP (Dementia Assessment Referral to GP) is a simple case finding tool which has been developed by the Health Innovation Network (the Academic Health Science Network for South London) to staff to identify tenants with possible dementia. Housing staff are trained and encouraged to use DeAR-GP if they are concerned a tenant may have dementia.

Staff at the named housing scheme are concerned about the above tenant 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 tenants 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.

[Name]

[Job Title]

[Organisation]

Tenants must give verbal consent to having their memory assessed in this way.*

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

Scheme Name: _____ Staff member: _____

1

Must be answered "YES" to continue to section 2 and 3.

Does this tenant show signs of confusion or memory problems?

YES / NO

2

Observed in last 3 months	Often	Sometimes	Rarely	Never
Forgetting things				
Repeating themselves				
Disorientation to time and/or place				
Restless				
Wandering				
Difficulty performing familiar tasks				
Speech and language problems				
Changes in mood and behaviour				
Other (please specify):				

*If the tenant does not appear to have **capacity to consent**, finish here and submit it to the GP or memory nurse without section 3.

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For more information, see the FAQs.

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

3

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