**Mindful Referral Form**

Mindful Memory Cafés offer uplifting, supportive and sociable activities for those living with memory difficulties and/or dementia, in North Dorset and the surrounding areas.

We currently run two drop-in cafés located in Stalbridge and Gillingham, as well as a Men’s group in Gillingham. We also run at least one outing per year, and one Christmas meal where all three groups combine.

To make sure that our services suit you and your needs, we would like to collect some information before you attend.

\* All information on this form will be stored securely and will be treated in the strictest confidence. It will only ever be shared with the Emergency Services, or for safeguarding purposes to keep you safe.

**Details of the person attending**

|  |  |
| --- | --- |
| **I am completing this form for myself** |  |
| **I am a carer/referee completing this form** |  |

**Please indicate which service you are interested in.** (You’re welcome to attend more than one session)

|  |  |
| --- | --- |
| **Stalbridge Cafe** |  |
| **Gillingham Cafe** |  |
| **Men Marching On** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Date of Birth** |  |
| **Please tell us if you live alone or with someone else:**  |
| **House No/Name** |  | **Street Name** |  |
| **Village/Town** |  | **Postcode** |  |
| **Telephone Number** |  | **Email Address** |  |

**Emergency Contact Information**

Please provide us with next of kin, or emergency contact information.

This information will only be used in case of an emergency whilst at one of our sessions, or for welfare checks where it has not been possible to contact you directly. Please ensure the person listed below is aware that they are your emergency contact and are happy to be so. This information can be updated at any time. Simply speak to one of our café volunteers and they will advise you how to do this.

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Relation** |  | **Landline**  |  |
| **Mobile Number** |  | **Email Address** |  |

**Medical Information**

In order for us to provide you with a safe service that is appropriate for your needs, we’d like to collect some information on your abilities and medical needs.

We understand that these things may change over time and this information can be updated at any time. Simply see a café/group volunteer and they will advise you how to do so.

This information will only be shared with those in charge of sessions. The information collected here is simply to enable us to ensure you are able to participate in our sessions safely.

**Please tell us if you have/experience any of the following…**

|  |  |
| --- | --- |
| **Memory Problems or Dementia symptoms** |  |
| **Mobility Issues –** use of a stick/frame/scooter etc |  |
| **Diabetes –** Please specify Type 1 or 2  |  |
| **Asthma or breathing difficulties** |  |
| **Heart problems** |  |
| **Dietary Requirements** |  |
| **Allergies –** including food, animal, stings etcDo you carry and epipen? |  |
| **Anything else which may impact your ability to participate safely with any Mindful activities?** |  |

Mindful Memory Cafes and activities are run by volunteers who are not medically trained. The information we collect here is to determine if we are able to support your needs in the best possible way and to manage any risks to you.

Mindful volunteers are unable to provide any **personal care, medication administration** or **mobility assistance**, such as, lifting. Any service user who requires these types of assistance should be accompanied by their carer, or a family member who is able to provide this one-to-one care.

Please tick here to acknowledge this information.

|  |  |
| --- | --- |
| I understand and acknowledge this statement: |  |

Please sign below to confirm you have given us correct information to the best of your knowledge and agree to update us on any significant changes to health or medical needs.

|  |  |
| --- | --- |
| I understand and acknowledge this statement: |  |

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |

If completing a digital version, please email this form to: **enquiries.mindful@gmail.com**

**Referrer’s Details (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Organisation** |  | **Date** |  |
| **Telephone** |  | **Email** |  |