

Referral to: Memory Clinic

Priority of Referral: URGENT Soon Routine Referral Date:

Patient Details		GP Details (Stamp)
Title:		GP Name:
Name:		Practice Name:
Address:		Address:
Post Code:		Post Code:
Preferred Tel Number:		Telephone Number:
Ethnicity:		Practice Email address:
DOB:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Fax No:
NHS Number:		GP Code:
Occupation:	or JSA <input type="checkbox"/> ESA <input type="checkbox"/> Other:	Practice Code:

Interpreter required? Please state language, inc sign language:

Hearing, visual, mental health difficulties or mobility impairment?

Social History: Carer with dependents Yes No Ability to work affected Yes No

Social Services involved / Social Services' involvement required?

Reason for Referral / History of Presenting Complaint:

History: Management taken in reason for referral / Relevant Medication & past history / Previous consultations for condition / specialist seen

Allergies:

Smoking Status: (No. per day) Weight : BMI: Alcohol: (units per week)

Symptom Onset (please ✓): <1 week 1-6 weeks less than 3 months 3 months +

Investigations (within last 3 months *):	* Please Include FBC / ESR / B12 & Folate / U&E / LFT
Bloods* <input type="checkbox"/> Urine MC&S <input type="checkbox"/>	Glucose / Lipids / TFT's / Bone Profile / Urine MC&S
MRI -Requested <input type="checkbox"/> Other <input type="checkbox"/>	
ECG <input type="checkbox"/>	Please attach relevant reports

MMSE: Please complete MMSE attached

Problems With Completing MMSE:

PLEASE ATTACH A COPY OF PATIENT'S MEDICAL SUMMARY & MEDICATION

Referral Indication:	Confirmation Diagnosis <input type="checkbox"/>	Investigation/Treatment <input type="checkbox"/>
	Carer Support <input type="checkbox"/>	Psychological Support <input type="checkbox"/>
	Challenging Behaviour <input type="checkbox"/>	Other: <input type="checkbox"/>

Mini Mental State Examination

Max Pt

5 What is the Year
Season
Date
Day
Month

5 Where are we: Country
County
Town
Building
Room

3 Name three common objects (apple, table, penny)
1 point for each correct answer, repeat until all three remembered
Number of trials

5 Spell "world" backwards d l r o w

3 Ask for the three objects above
1 point for each. Cannot be tested if all three were not remembered.

2 Name a "pencil" and a "watch"

1 Repeat the following: "no ifs, ands or buts"

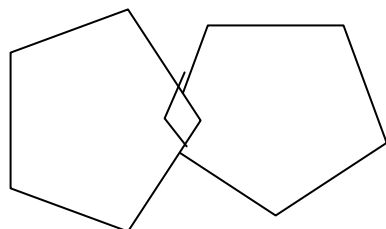
3 Follow a three stage command
Take this paper in your right hand,
Fold it in half
And place it on the floor

1 Read and obey the following:

Close your eyes

1 Write a sentence

1 Copy the following design



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Guidance with regards to the referral

Dementia is a progressive and largely irreversible clinical syndrome that is characterised by widespread impairment of mental function with a decline in activities of daily living and impairment in social function

A diagnosis of dementia should be made only after a comprehensive assessment, which should include:

- history taking
- cognitive and mental state examination
- physical examination and other appropriate investigations
- a review of medication in order to identify and minimise use of drugs, including over-the-counter products, that may adversely affect cognitive functioning

Formal cognitive testing should be undertaken using a standardised instrument. The Mini Mental State Examination (MMSE) has been frequently used for this purpose, but a number of alternatives are now available, such as the 6-item Cognitive Impairment Test (6-CIT), the General Practitioner Assessment of Cognition (GPCOG) and the 7-Minute Screen. Those interpreting the scores of such tests should take full account of other factors known to affect performance, including educational level, skills, prior level of functioning and attainment, language, and any sensory impairments, psychiatric illness or physical/neurological problems

MMSE scores 20-26 – Mild Dementia, however we must remember in high functioning individuals with scores of 26 and above might warrant further Neuropsychological testing to rule out dementias.

MMSE scores 10-20- Moderate dementia

MMSE scores 10 and below: Severe dementia and would not be appropriate for treatment with Memory enhancer drugs (NICE TA 111)

Treatment with Anti cholinesterase inhibitors is currently indicated in those with diagnosis of Alzheimer's or Mixed Dementias with the MMSE score in the range of 10-20 unless clinically indicated otherwise.

Memory problems specifically related to excessive alcohol use and polypharmacy currently not seen by Memory assessment services.

Younger people with suspected memory problems can be referred for assessment, however depression and other functional illnesses need to be ruled out first and may need to be seen first by generic Younger Adults Psychiatric services.

Referral to older people specialist psychiatric service is appropriate when there is [RCPsych, 2005]:

- complexity or uncertainty about the diagnosis after initial assessment and follow-up
- a request by the patient or the family for another opinion
- the presence of significant depression and/or psychosis, especially if there is no response to treatment, or acute distress in the patient
- treatment problems or the need to consider the new specific medications for Alzheimer's disease
- difficulty in patient management due to challenging or risky behaviour, multiple problems or concerns about possible abuse
- the need for specialist opinion on issues such as financial capacity, driving or similar medico-legal areas