

Guidelines on How to Complete this Specialist Referral to Memory Clinics in Ireland

Introduction

Thank you for choosing electronic referral for referring your patient to a public Memory Clinic in Ireland. This eReferral is a national referral form which was reviewed by all memory clinics which apply, as shown in the list below. These are a list of the public, diagnostic memory clinics in Ireland who wished to be included in the national referral service. Having referral electronically will allow the memory clinics to: 1) respond quicker to requests for referral, 2) assist in appropriate triage of patients for referral, 3) improve communication between referrer and memory clinic, and, 4) make the first appointment more effective and efficient for the patient.

This document contains guidance on how to fill in the eReferral form (the Specialist Referral section) and an explanation as to why we need this information. The referral questions and guidance in this document are also provided as a prompt of what things should be considered with and for a patient with suspected dementia or cognitive decline. It also contains a number of suggestions of things that could be done while the patient is waiting for their appointment at a memory clinic.

List of Memory Clinics which Memory Clinic eReferral applies to:

(sorted in alphabetical order, by Location)

#	Memory Clinic	Location	Phone
1	Sacred Heart Hospital Memory Clinic, Carlow	CARLOW	059 913 6492 or 059 913 6300
2	Geriatrician's Memory Clinic, St Finbarr's Hospital, Cork	CORK	021 492 3298
3	Mater Hospital Memory Clinic, Dublin	DUBLIN	01 803 4242
4	Mercer's Memory Clinic, St. James's Hospital, Dublin	DUBLIN	01 416 2640
5	Memory Clinic, Carew House, St. Vincent's University Hospital, Dublin	DUBLIN	01 221 3758
6	Memory Assessment Clinic, Tallaght Hospital, Dublin	DUBLIN	01 414 2498
7	Memory Clinic, St. Columba's Hospital, Kilkenny	KILKENNY	056 775 4825
8	St. Ita's Day Hospital Memory Clinic, Newcastle West, Limerick	LIMERICK	069 66552 or 069 66525
9	Cognitive Disorders Service, Louth	LOUTH	041 685 0665
10	Midland Regional Hospital Memory Clinic, Mullingar	MULLINGAR	044 939 4528
11	Cognitive Disorders Service, Navan	NAVAN	046 905 9002
12	Cognitive Assessment Service, St. Fintan's Hospital, Portlaoise	PORTLAOISE	057 867 0245
13	Memory Clinic, St Patrick's Hospital, Cashel, Tipperary	TIPPERARY	062 70325
14	Wexford General Hospital Memory Clinic	WEXFORD	053 915 3270

QUESTION 1

Q1 Cognitive Assessment *: This must be completed for all referrals. Please choose **one** of the following cognitive assessment tools and enter the resulting patient score and the date it was carried out:

- MMSE Score _____ Date _____
- (S)MMSE Score _____ Date _____
- MOCA Score _____ Date _____
- GPCOG Score _____ Date _____
- 6CIT Score _____ Date _____
- MiniCog Score _____ Date _____
- Other (please specify): *Name of Assessment Tool* _____ Score _____ Date _____

What: This question is looking for you to have the patient complete a cognitive assessment test. They only need to complete one of the assessments listed above. The most common test currently used is the MMSE or Standardised MMSE. We do not wish to restrict GPs to any specific test, so a variety of options are given above, including the ability to specify a different test. Please enter the patient’s score beside the relevant test that you have chosen, and include the date DD/MM/YYYY that that test was completed by the patient.

Why: The completion of an assessment will assist the memory clinic with the triage process. The result of the assessment may indicate that the patient already has a dementia and render a referral to a memory clinic unnecessary.

QUESTION 2

Q2 Risk Factors *: Please tick all the appropriate boxes:

Education	Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>	Third Level <input type="checkbox"/>	Don't Know <input type="checkbox"/>
Living alone	Y <input type="checkbox"/>	N <input type="checkbox"/>	Don't Know <input type="checkbox"/>	
Sedentary lifestyle	Y <input type="checkbox"/>	N <input type="checkbox"/>	Don't Know <input type="checkbox"/>	
Family hx of dementia	Y <input type="checkbox"/>	N <input type="checkbox"/>	Don't Know <input type="checkbox"/>	
Psychiatric history	Y <input type="checkbox"/>	N <input type="checkbox"/>	Don't Know <input type="checkbox"/>	Under Current review <input type="checkbox"/>
Occupation (or previous)	Professional/ Managerial <input type="checkbox"/>	Non-manual/Skilled <input type="checkbox"/>	Semi-skilled/manual <input type="checkbox"/>	Other <input type="checkbox"/> Don't Know <input type="checkbox"/>

What: This question is looking to determine if your patient exhibits any of the main risk factors for dementia/cognitive impairment.

Why: If we know what Risk Factors your patient has then we can triage and prioritise the patient depending on what Risk Factors apply.

Note: The other serious risk factors such as: Hypertension; Raised Cholesterol; Atrial Fibrillation, Depression, Diabetes, Head Injury; Smoking; excess Alcohol will be gleaned from the General Referral Form that you complete along with these 5 supplementary questions in the specialist referral section for Memory Clinics.

QUESTION 3

Q3 Functional Ability and Physical Maintenance – *:

- a) Is the person able to manage **ALL** of the following (shopping, food preparation, keep house, use the phone, manage medications, manage finances)?
Y N Don't Know
- b) Can the person perform **ALL** of the following tasks (toilet/dress/feed/bathe independently, maintain personal appearance)?
Y N Don't Know
- c) Are there any concerns regarding ability to drive safely?
Y N n/a Don't Know
- If **Yes** has s/he been referred for an on-road driving assessment?
Y N n/a Don't Know

What: In this question we want to know if the patient is independent and if they are able to carry out the typical activities of daily living – ADLs - (e.g. walking, dressing, grooming etc.) and instrumental activities of daily living – IADLs - (managing finances, keeping house, managing transportation etc.) We also wish to know if there are any concerns with regard to the patient being able to drive safely.

Why: We ask about the ADLs in order to determine the patient's function. Where a patient has impaired function this could be indicative of a dementia. We ask about driving, to prompt you to consider having the patient assessed for driving if you have concerns in this area. The Medical Fitness to Drive Guidelines provides general guidance with respect to patient management for fitness to drive. Please see the guidelines for more details:

<http://www.rsa.ie/Documents/Licensed%20Drivers/Sla%CC%81inte%20Agus%20Tioma%CC%81int%202017%20i.pdf>

QUESTION 4

Q4 Behavioural - does the person have any of the following - *(anxiety, depression, sleep disturbance, paranoia, hallucinations, agitation, aggression)?

Y N Don't Know

Comment (optional) _____

What: In this question we want to learn more about the patient's mood and behaviour.

Why: Not all dementias are characterised by memory loss, at least not in their early stages. Some sub-types of dementia can initially present as changes in personality, behaviour and/or hallucinations. Also depression and anxiety can cause impairments in memory and/or cognitive function and may not be a dementia. It is therefore important that changes in mood, personality and behaviour are fully investigated.

QUESTION 5

Q5 Referral *

- a) Is the person aware that they are being referred to a Memory Clinic?
Y N
- b) Has the person previously been referred to any of the following (Neurology, Psychiatry, Geriatrics)?
Y N

Comment (optional) _____

What: In this question we want to ensure that patients are fully aware of what is happening and have agreed to the referral to a memory clinic. We also wish to know whether the patient has been referred, or previously been seen by another medical professional in relation to their memory problem.

Why: People have the right to choose whether or not to attend a memory clinic. They should do so without duress.

If a patient has been previously been seen by, or has been referred to another medical professional in relation to memory/cognitive problems then it is important that we know this in order to ensure that there is no duplication of work. Duplication of work can be stressful and anxiety provoking for the patient and expensive and wasteful of time for medical professionals.

Advice on what to look out for and what to do as patient waits for an appointment:

1. Consider treating any co-morbidities that are present.
2. Consider possible Support Services that could be put in place:
 - Public Health Nurse;
 - Carer support;
 - Meals-on-Wheels;
 - Home Care Package (inc. Enhanced Home Care Packages);
 - Other Primary Care Team (PCT) involvement (OT, physio, social work, etc);
 - Alzheimer Society of Ireland.

For more information on completing this form and useful information sheets and booklets please visit: www.dementia.ie. A set of useful links is also available at: <http://dementia.ie/information/links>. For more information on Memory Clinics in Ireland, there is a booklet (4th Edition) with more details at http://www.dementia.ie/images/uploads/site-images/DSIDC_MemoryClinic1.pdf.