

## Online Referral System Guide

Through these simple steps we will show you how you can quickly and easily refer a person into our Dementia information, advice, and support services.

### Step 1: The form

Find the online referral form at <https://www.alzheimers.org.uk/referralform>. Alternatively, you can Google 'Alzheimer's Society Make a referral'.

This will bring you to the referral form homepage, as shown below.

## Make a referral for dementia information, advice and support.

This form is for use by **professionals only** to refer people to Alzheimer's Society dementia services. On receipt the person referred will be contacted to discuss their needs and how we can help them.

If you have not been issued with a Referrer ID, please enter your email address in the first field on the form to make a referral. If you have any

From here, simply scroll down the page to see the form itself. As shown below

## Referral Form

### ABOUT THE REFERRAL

\* Your email address or Referrer Id

\* Is the person being referred:

- ☐ Person with Dementia  
☐ Carer

### THE PERSON BEING REFERRED

\* First name

\* Last name

Date of birth

Gender

Select a gender



## Step 2: Making a referral

If you have previously referred into local Alzheimer's Society services, you may have been issued with a Referrer ID for example ALZ-09090. If not, or you prefer to use your work email address, you can register yourself when you are ready to make your first referral.

Enter your Referrer ID or work email address into the first field on the referral form.

### ABOUT THE REFERRAL

\* Your email address or Referrer Id

The first time you enter your email address, you will be asked to complete further details at the bottom on the referral form, "About you". After you have entered the details of the person you are referring. Most of field labels make it clear what needs to be entered, and where an \* is shown must be entered. Extra information is given below where appropriate.

\* Is the person being referred:

- ☐ Person with Dementia  
☐ Carer

The option "Person with Dementia" should be selected where the person being referred has memory issues either with or without a formal dementia diagnosis.

### THE PERSON BEING REFERRED

\* First name

\* Last name

Date of birth

Gender

Language (optional)

### ABOUT THE PERSON BEING REFERRED

Find Address 

\* Street Address

\* City/Town

County

\* Postcode

Country

To ensure that the referral is directed to the correct team, you **MUST** enter a valid postcode.

If you selected “Person with Dementia”, you will be asked if you know whether they have a formal diagnosis of dementia. Select “Yes” if you know the formal diagnosis.

#### Diagnosis

\* Do you know if the person has a diagnosis of dementia?

- ☐ Yes  
☐ No

If you select “Yes” you will be asked to provide the diagnosis information.

\* Diagnosis of dementia

#### Diagnosis details

\* Date of diagnosis

☐ Date is approximate

The next section asks how we should contact the person being referred.

#### CONTACT DETAILS

☐ The person to contact is not the person being referred

If the person referred prefers that we contact someone else initially, for example a carer, friend or other family member, please tick this box.

If this box is ticked, you will then be asked for details about the person they wish us to contact initially. Where the person to contact is not the person being referred, this person is known as the Designated Contact.

By completing this section of the form you are confirming that the person being referred has given their consent for communication with the Alzheimer's Society to be conducted through the designated contact named below

\* First name

\* Last name

Language (optional)

\* This person is the ..

...of the person being referred

## Find Address ?

Street Address

City/Town

County

Postcode

Country

The next section should be completed with the contact information of the person referred where we are contacting them directly or that of the Designated Contact where the person referred has requested that we contact them via another person.

\* Preferred method of contact

Select an Option

Email
Phone call
Mobile call
Post

Although there are four contact options, either a phone call or mobile call usually result in shorter contact times. Once you have selected the contact method the related fields must be completed, but wherever possible complete as many as possible.

Email address

Phone number (no spaces)

\* Mobile number (no spaces)

Complete this field.

The last field in this section is for the referrer to provide any other information which might be useful. It is very useful to know why you are making the referral, what they may need support with and any other information we need to consider before providing our services to the person referred. It can also be used to record any information which you have been advised is needed by your local Alzheimer's Society team.

Further information that could assist with this referral (optional) ?

Characters Remaining: 1000

You have now completed the form, unless you are registering to use your email address for the first time and we need to collect some information about you, the referrer.

When completing the “About you” fields, it is essential that you do not use abbreviations used locally, the Alzheimer’s Society team processing initial registrations may not be based in your geographic area, have an understanding of local abbreviations or misinterpret them as something else.

#### About you

\* First name

\* Last name

\* Job title

\* Email address

\* Phone number (no spaces)

The email address to be registered needs to be personal to you, not a team or group email address and it also needs to match the email address entered in the first field of the form.

\* Organisation type

Select an Option ▼

NHS Trust/Health Board

Local Authority

Other

If you are employed by an NHS Trust or Health Board please choose that category, for any other organisation, including those providing NHS services such as GP surgeries, Primary Care Networks etc “Other” should be selected.

If you select either of the first two options, you will be asked for the name of the Trust/Health Board/Local Authority and the name of your service or department.

Please enter the full name of the NHS Trust or Local Authority

\* Local Authority / Trust

\* Service or Department

## Find Address

\* Street Address

\* City/Town

County

\* Postcode

Country

Enter the postcode of your work address in the search field to find the address; if the exact address does not appear select the closest address and then amend it manually.

## Step 3: Submitting the referral

It is recommended that you check through the completed form before you submit. The last step is to confirm that the person being referred has agreed to us contacting them to discuss how we can help, you can then click on “Submit”

### CONFIRM CONSENT

All information submitted will be entered onto Alzheimer’s Society systems and held securely.

\* ☐ Please confirm the person being referred has been informed that their data will be passed to the Alzheimer’s Society in order for contact to be made regarding possible help and support that can be offered and that you have a record of their consent.

Submit

Occasionally you may see an error message appear under the “Submit” button, this usually means a required field on the form has not been completed, please re-check the form.

Once you have submitted the form, you should immediately see an onscreen submission confirmation, as below.

NOTE: If the screen appears to be blank, you may need to scroll up the page to find it.

Thank you for submitting a referral to the Alzheimer’s Society.

Your Reference is : REF-190642

We will now process the referral and contact the person referred as soon as possible. Please note we may contact you if we need clarification on any of the details that you have entered onto the referral form.

Make another referral

This confirms your referral has been received and provides you with a referral reference number, you should note this for your own records.

You can immediately proceed to make another referral.

## Other questions

### The form is not displaying on the webpage

To use the Online Referral Portal, you need to be using an up-to-date browser such as Microsoft Edge, Chrome, or Safari. Please speak to your IT lead/department to ensure you have access to an up-to-date browser, not older browsers such as Internet Explorer which have security issues and are no longer supported.

### Some fields on the form are auto-populating with my personal information

This occurs when you have auto-fill enabled in your browser settings. How to disable auto-fill is dependent on the browser you are using, instructions to disable can be found on the internet for most browsers. Search "Disable auto-fill" followed by the name of your browser.

### How do I know my referral has been correctly submitted?

When you click on submit at the bottom of the referral screen, you will either see an error message below the Submit button or see the submission confirmation as above.

### How do I know my referral has been processed?

The online referrer portal now includes a facility to view all referrals submitted by a referrer. This will enable you to check that referrals you have submitted have been successfully received and processed by the Society.

After entering a valid referrer id or registered email address, the referrer will see a button "See Referral History".

#### ABOUT THE REFERRAL

\*Your email address or Referrer Id

ALZ-00000

[See Referral History >>](#)

The referral form does not use authentication, so it is not possible to display any information that might identify the person referred. The only data shown on the history page is the referral reference number, the date, the status of the referral and the source.

The list shows referrals submitted by the **whole** referrer organisation if you enter a Referrer Code. If the Referrer is using a work email as their referrer ID, the list will indicate referrals submitted using that email address ("submitted to the portal **by you**"). Referrals that were not submitted using the portal, and manually recorded by our internal staff show as "Telephone or paper".

[<< Back to form](#)

### Referral History

The table below shows referrals submitted by your organisation.

<b>REF-20141</b> Status <b>RECEIVED</b> Date Thu, 11 Jul 2019, 14:32 BST Source Submitted to the portal	<b>REF-20096</b> Status <b>RECEIVED</b> Date Thu, 11 Jul 2019, 12:10 BST Source Submitted to the portal
<b>REF-20089</b> Status <b>RECEIVED</b> Date Thu, 11 Jul 2019, 11:54 BST Source Submitted to the portal	<b>REF-20076</b> Status <b>SERVICE COMMENCED</b> Date Thu, 11 Jul 2019, 11:27 BST Source Telephone or paper

"Received" means the referral has been received and is waiting in the referral queue for processing.

"Service Commenced" means the referral has been processed.

## Further Information

If you require any additional information or support about how to make a referral, or if you would like to ask any questions about this referral form, please contact us on 0330 1503456 or speak to your local Alzheimer's Society service team.