

## Western Health Cognitive, Dementia and Memory Service (CDAMS) – Footscray Hospital Referral Guidelines

CDAMS is a specialist **diagnostic** clinic for people with memory or cognitive changes who **do not have a diagnosis**.

Please review these guidelines before referring to CDAMS to ensure the referral meets eligibility criteria. Referrals with insufficient information will be returned with a request for additional information which may delay access to this service. **If you have any questions, please contact Phone: 8345 7865.**

Services Provided	Eligibility Criteria – Symptoms must have been present for a minimum of 6 months.	Referral Requirements
<ul style="list-style-type: none"> <li>Expert clinical diagnosis.</li> <li>Information on appropriate treatments.</li> <li>Education, support and information.</li> <li>Direction in future planning.</li> <li>Information/advice on dealing with day to day issues.</li> <li>Referrals for clients/family/ carers to service providers or community supports.</li> </ul> <p>An initial assessment is completed by allied health or nursing staff.</p> <p>This is followed at a later date, by an assessment with medical or other allied health staff.</p>	<ul style="list-style-type: none"> <li>People over the age of 60 (First Nations people aged 50+) with <b>early symptoms of cognitive impairment</b> who do <b>not</b> have a diagnosis of dementia.</li> <li>Have an early diagnosis but are seeking second opinion.</li> <li>NB. Persons with long standing ABI/Intellectual impairment are <b>not eligible unless</b> there has been an <b>unrelated deterioration</b> in cognitive functioning which might indicate a neurodegenerative process.</li> </ul> <p><b>Reside in LGA's of: Brimbank, Hobson's Bay, Maribyrnong, Wyndham and Melton.</b></p> <p><b>Exclusion Criteria</b></p> <ul style="list-style-type: none"> <li><b>Recent onset</b> of cognitive decline (days/weeks) - need to consider delirium/stroke which requires urgent medical assessment – <b>refer to ED or GP.</b></li> <li><b>People under the age of 60 with early symptoms of cognitive impairment</b> – refer to Younger Onset Dementia Service at RMH Neuropsychiatry Service.</li> <li><b>People with chronic psychiatric conditions</b> (eg: Bipolar disorder; Schizophrenia) who develop cognitive changes. Refer to RMH Neuropsychiatry Service.</li> <li><b>People with Downs Syndrome.</b> NB: If there is cognitive and/or functional decline with no known cause referrals will be accepted. Please contact CDAMS team to discuss referral.</li> <li><b>Current heavy alcohol or drug intake.</b> Referrals accepted if client alcohol/drug free for a minimum of 4 months.</li> <li><b>People reporting memory problems in context of untreated anxiety or depression.</b> GP to review/treat or refer for psychiatry opinion to exclude these factors as cause. Referrals will be accepted <u>once</u> these factors have been excluded by relevant specialist.</li> <li><b>Diagnosis / Cause of cognitive impairment already confirmed.</b> E.g. Dementia, Stroke; ABI; Huntington's, Parkinson's Disease etc and are under care of Movement Disorder Service / private neurologist / psychiatrist for these conditions.</li> <li><b>Diagnosis known but needs community supports /counselling.</b> Refer to Dementia Australia and/or My Aged Care.</li> <li><b>Dementia diagnosis known but has behavioural or psychological disturbance.</b> Refer to Dementia Support Australia for 24-hour support and advice from dementia behaviour specialists.</li> <li><b>Neuropsychological or capacity assessment only</b> – refer to private provider</li> <li><b>In Residential Care</b> – refer to private provider.</li> <li><b>Medically unwell or Physically unable</b> to attend clinic-based assessments.</li> <li><b>Urgent assessment:</b> we are unable to offer urgent assessments.</li> </ul>	<p><b>PLEASE EMAIL REFERRALS TO <a href="mailto:wh-cdams@wh.org.au">wh-cdams@wh.org.au</a> OR Fax: 8345 6394.</b></p> <p><b>Referrals must include:</b></p> <ul style="list-style-type: none"> <li>Client demographics.</li> <li>Relevant medical and surgical history.</li> <li>Current medications.</li> <li>Required Investigations – see list below.</li> <li>Other services/specialists involved in care.</li> <li>Interpreter requirements.</li> <li>Referral reason.</li> <li>Family / carer contact name and number.</li> </ul> <p><b>Required investigations:</b> The following must be completed and results attached to referral. Referrals cannot be accepted otherwise.</p> <ul style="list-style-type: none"> <li><b>Radiology</b> – CT or MRI brain (completed within past 12 months)</li> <li><b>Pathology</b> (Within past 3 months) - FBE, ESR, Urea, Creatinine, Electrolytes, Vitamin B12, Liver Function Tests, Folate, Thyroid Function Tests, Random Blood Glucose, Calcium, Cholesterol, Syphilis Serology &amp; HIV status.</li> <li><b>MSU.</b></li> <li><b>ECG.</b></li> </ul> <p><b>Key contact information:</b>  <b>Dementia Aust Vic</b> – 1800 100 500.  <b>My Aged Care</b> - 1800 200 422.  <b>Neuropsychiatry Dept, RMH</b> – 9342 8750.  <b>Aged Psychiatry Assessment &amp; Treatment Team (APATT):</b> 1300 874 243.  <b>Adult Mental Health Services (Under 65 yrs of age)</b>  Phone: 1300 859 764.  <b>Dementia Support Australia:</b> 1800 699 799 (24 Hours/day)</p>