**To:** (Referrer)

**CC:** Contracts Performance & Quality Manager, Dementia Academy

**Subject:** Observation Report – (Name (Initials) of service user) (Name of care home)

**Attachment:** Observation report

**Importance:** High (Read/ delivery receipt)

Private & Confidential – FAO, #### ####### (Name of referrer)

Good morning/ afternoon,

Further to your Observation referral and our subsequent visit to (Name of care home) on day /date /month /, year, please find attached copy of the completed observation report for (Full Name of service user).

Please don’t hesitate to contact us if you require any further information or assistance.

A copy of the report has also been sent by email to #### ###### (Registered Manager) at (Name of care home).

Kind regards

*##### #######*

**##### #######**

Dementia Care Mapper

**Contract Performance & Quality Team**

**Dementia Mapping Service**

Adult Social Care

Hull City Council

Buckingham Street Day Centre

Buckingham Street

Hull HU8 8UG

Tel: 01482 61####

Mob: 0##### ######

Email: ##########@hullcc.gov.uk

Website: [www.hullcc.gov.uk](http://www.hullcc.gov.uk/)

*‘A Life not a Service’*

