

CARERS IDENTIFICATION AND REFERRAL FORM

DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL, DISABLED OR MENTALLY ILL?

If so, you are a carer and we would like to support you.
Please complete this form and hand it in to reception.

If you are agreeable, we will pass your details to the Carers Service, which is a countywide organisation providing relevant information and advice, local support services, newsletter and telephone linkline for carers.

A Carers Assessment is a chance to talk about your needs as a carer and the possible ways help could be given. It can also look at the needs of the person you care for. This could be done separately, or together, depending on the situation. There is no charge for an assessment.

YOUR DETAILS:

Name	
Date Of Birth	
Address	
Post Code	
Telephone Number	
Mobile Telephone No.	
Any relevant information	

DETAILS OF THE PERSON YOU LOOK AFTER:

Name	
Date Of Birth	
Address (If Different From Above)	
Post Code	
Telephone Number (If Different From Above)	
Mobile Telephone No.	
GP Details (If Different From Your Own)	

BRIEF DETAILS OF THE LEVEL OF CARE YOU PROVIDE:

--

Please pass my details to the Carers Service.

Thank you for completing this form please return to the surgery

April 2013