

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.

We will also refer you, with your permission, to have your needs assessed by Adult Care Services. 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.

I am a Carer *please tick one* I have a Carer

YOUR DETAILS:

Name			
Address		Date of Birth	
		Home Phone	
Post Code		Mobile	
Any relevant information			

DETAILS OF THE PERSON YOU LOOK AFTER / WHO LOOKS AFTER YOU

Name			
Address		Date of Birth	
		Home Phone (if different)	
Post Code		Mobile (if different)	
GP Details (if different)			

- Please pass my details to the Carer's Service.
- Please refer me to Adult Care Services for a Carer's Assessment.
- Allow my Carer full access to my medical records.

Signed _____ Patient _____ Carer

Thank you for completing this form

<i>Practice Use Only</i>					
Carer	918A	Has a Carer	918F	No able carer in household	ZV604
Carer unable to cope	ZV608			Carer referred for assessment	EMISQCA6
Copy to Carer Service / Adult Care Services		<input type="checkbox"/>		Copy for scanning	<input type="checkbox"/>