

# CARERS IDENTIFICATION AND REFERRAL FORM

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

If so, you are a **carer.** Please complete this form and hand it in to reception so that we can make sure everyone at the surgery knows that you are a carer so that we can help give you extra support if you need it. If you would like to be sent some free local information please send off the slip below to Carers Together or pick up some information about this caring organisation from our Patient Information Room.

If you wish, please call Adult Social Services on 08456035630 for a Carer’s Assessment to talk about your needs as a carer and the possible ways in which help could be given to both yourself and the person you care for. There is no charge for an assessment. If you would like the surgery to refer you please complete all details below as it is very important we receive consent from the person you care for. If the person you care for is not able to complete the form, please just let us know.

# YOUR DETAILS:

|  |  |
| --- | --- |
| Name |  |
| Date Of Birth |  |
| Address |  |
| Post Code |  |
| Telephone Number |  |
| Registered GP |  |

**DETAILS OF THE PERSON YOU LOOK AFTER:**

|  |  |
| --- | --- |
| Name |  |
| Date Of Birth |  |
| AddressOr tick box if same as you □  |  |
| Post Code |  |
| Telephone Number  |  |
| Registered GP  |  |

|  |  |
| --- | --- |
| I hereby give my consent for my carer, named above, to have access to my personal details and medical records and to be able to use this information for the sole purpose of improving either my care or that of my carer. I understand that my GP may override this authority at any time if this is in my best interest. My consent will remain in force unless cancelled by me in writing. | Signed ………………………………Date ………………………………  |

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If you would like free information about services available to support you please send this slip to:

Carers Together, **FREEPOST RRJZ-UEBJ-TULH,** 9 Love Lane, Romsey S051 8DE

Or phone on 01794 519495 or e-mail admin@carerstogether.org.uk

Website: www.carerstogether.org.uk

Please put me on your database and send me a Carers Information Pack

Name Telephone no:

Address E-mail:

I’m caring for a relative, friend, neighbour (please circle as appropriate)