

# ST. ANDREW'S MEDICAL CENTRE

## 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 agree, we will pass your details to the Carers Service, an organisation providing information and advice, local support services, newsletters and a telephone link line for carers.

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

A carer's 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	
Care You Provide	

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

Name	
Date of Birth	
Address (If Different From Above)	
Post Code	
Telephone Number	
GP Details (If Different From Your Own)	

- please pass my details to the Carers Service
- please refer me to Adult Care Services for a Carers Assessment

***Thank you for completing this form***