

Carers Identification and Referral Form

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

If so, and you do not get paid for this, you are carer and we would like to support you.

Please complete this form and hand it in to reception.

It is the policy of this practice to ensure that any person caring for one of our patients is getting the support that they need for themselves in the very valuable role of carer.

We would like your permission to hold your details on our register of carers on our computer system. We will then contact you to check that you are getting the support and information that you require.

We may refer you, with your permission, to access help from the 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	
Any relevant information	

Details of the person you look after:

Name	
Date of birth	
Address (If different from above)	
Post code	

Hilary Cottage Surgery – Protocol For Carers

Telephone number (If different from above)	
GP details (If different from your own)	

Please pass my details to the Carers Service.

I am happy for you to refer me to Adult Care Services for a Carers Assessment.

Thank you for completing this form

I agree to my name and address being held electronically on the Carers Register at Hilary Cottage Surgery. I understand that I will be contacted to check that I am getting any necessary support in my role as carer.

Signed

Date