# Moorland Medical Centre

# Carer’s 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 a carer who provides regular and substantial care or intend to, you can ask Adult Social Care services to look at your needs as well as those of the person you care for. If you do not live locally to the person you care for, you will need to contact the services in the area of the cared for person.

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| **YOUR DETAILS** |
| Name |  |
| Address |  | Date of Birth |  |
| Home Phone |  |
| Post Code |  | Mobile Phone |  |
| Any relevant information |  |
| GP Details |  |
| Relationship to person |  |
| Are you their main carer | YES/NO |

|  |
| --- |
| **DETAILS OF THE PERSON YOU LOOK AFTER** |
| Name |  |
| Address |  | Date of Birth |  |
| Home Phone(If different) |  |
| Post Code |  | Mobile Phone(If different) |  |
| GP details(If different) |  |

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please complete this form and hand it to our Receptionist or email to moorland.med@nhs.net***

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