CARER IDENTIFICATION AND PROFESSIONAL REFERRAL FORM

Care in Hertfordshire is countywide providing carers with information and advice on caring, support services, training sessions and workshops, newsletters, and the opportunity to influence service providers. Carers in Hertfordshire services are free of charge, please feel free to telephone our Carer Support Advisors on 01992 58 69 69 for advice and support.



Carers are important partners in patient care but caring takes its toll and can have an impact on the carer's own health. If a carer's health suffers, patients suffer too. This is avoidable, with the right support.

GP SURGERIES: Please ensure that carers are on your carer register and refer them to Carers in Hertfordshire for free advice and support using this referral form, which must be stamped with your surgery stamp.

Please complete the following sections in <u>BLOCK CAPITALS</u> making sure the carer has GIVEN CONSENT by signing this form (verbal consent will be accepted)

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	be added to Carers in Hertfordshire ut carer's permission.	e database. We will not share th	s information with
	Carers in Hertfordshire to inform thei	r GP of their caring role enabling	them to access
health checks flu	vaccines and appointments that me	et their caring needs? YES	NO □ (please tick)
Title:	Forename/s:	Surname:	DOB:
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Address:		Contact Telephone Number:	
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		Home:	
Road Name:		B # a fail a .	
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Town:		Email:	
County:	Post Code:		
Ethnicity:	Primary Language Spoken:	Name of GP Surgery:	to Metal
Carers own heal	th/conditions		
Employment Sta	•		01 -1
Working Full time ☐ Working part time ☐		Retired 🗆	Student 🗆
Relationship of t	he carer to the cared for:		
When did the car	ring role start? Month:	Year:	
Tell us how you	support the person you care for:		
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•		•	
How would care	r like to receive our newsletter 'Ca ☐ or by post ☐	arewaves'? Please indicate by	ticking preferred
Carer's Consent & Signature		Date	13 Y 1 2 3 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6
To contact us:			the second secon