**CARER IDENTIFICATION AND PROFESSIONAL REFERRAL FORM
(For NHS staff including GPs)**

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| **Carers in Hertfordshire** is countywide providing unpaid 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 586969 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. | Email Signature LOGO STACKED |

**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.**

**Please complete the following sections in BLOCK CAPITALS**

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| Carer’s details will be added to Carers in Hertfordshire’s database. We will not share this informationwith anyone else without the carer’s permission.  |
| **Title:** | **Forename/s:** | **Surname:** | **DOB:** |
| **Carers own health/conditions:** |
| **Address:** No or name of house: Road Name: Town:  County: Post Code:  |  **Contact Telephone Numbers:**Home:Work:Mobile:**Email:** |
| **Ethnicity:** | **Primary Language Spoken:** | **Name of GP Surgery :** |
| **Sexuality:**  | **Religion:** | **Marital Status:** |
| **Employment Status:**  (please tick)Working Full time ⃝ Working part time ⃝ Retired ⃝ Student ⃝  |
| **When did the caring role start?**Month: Year: |
| **Name of who you care for:** |
| **Tell us how you support the person you care for** (required for referral to be accepted): |

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| Carer’s signature to confirm consent for referral:Date:  | If you are not seeing the carer face to face please tick this box to confirm the carer has consented to this referral

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|  |

Date:   |

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| Consent must be given by the carer for the referral to be accepted |
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| **Carers in Hertfordshire****The Red House****119 Fore Street****Hertford, Herts, SG14 1AX** | **Telephone:** 01992 58 69 69**Fax:** 01992 58 69 59**Email:** contact@carersinherts.org.uk **Website:** [www.carersinherts.org.uk](http://www.carersinherts.org.uk)  | Name & Address of Referrer organisation: (required for referral to be accepted) |

**Please return form to** **carer.support@carersinherts.org.uk**