

Bridgnorth Medical Practice

Northgate Health Centre, Northgate, Bridgnorth, Shropshire, WV16 4EN

Tel: 01746 767121 Fax: 01746 765433

Email: bridgnorth.medicalpractice@nhs.net

www.bridgnorthmedicalpractice.co.uk



**** Patient to retain pages 1 & 2; Practice to retain Pages 3 & 4 when completed ****

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

We are interested in identifying carers, especially those people who may be caring without help or support. We know that carers are often "hidden" looking after a family member or helping a friend or neighbour with day to day tasks and may not see themselves as a carer.

We feel that caring for someone is an important and valuable role in the community. It could be a 24-hour job or a few hours now and then. Whatever the circumstances, it can be a very demanding and isolating situation for the carer. We also feel that carers should receive appropriate support by way of access to accurate information on a range of topics such as entitlement to benefits, respite care, and not least, a listening ear when things get too much.

As a Carer, you are entitled 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 also looks 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.

We would like to support you in your role as a carer.
So that we can do this, it would be helpful if you could complete
the enclosed form and hand it in to reception.

You may also wish to ask the person you look after to complete the enclosed form "Consent for Sharing Information". You also will need to sign the form. It is essential we have this should you need to contact the practice on their behalf.

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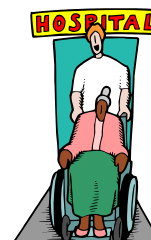
Contact points

<u>Resource</u>	<u>Description</u>	<u>Contact Number</u>
<u>Community and Care Co-ordinator</u> Zoe Clarke Bridgnorth Medical Practice	Information and Advice	01746 767121
<u>Carers' Organisations in Shropshire</u> Carerstrust4all http://www.carerstrust4all.org.uk	Information advice & support.	03333 231990
<u>Carers' Line</u> www.carersuk.org	1st point of contact Nationwide	0808 808 7777
<u>Social Services Shropshire</u> Adult Social Care http://shropshire.gov.uk/adult-social-care/	Carers Assessment and Emergency Respite in Shropshire	0345 678 9044



IN NEED OF SUPPORT?

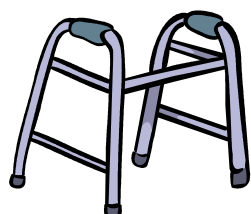
**JUST COME OUT OF HOSPITAL?
 CARER FOR SOMEONE?
 KNOW SOMEONE WHO NEEDS HELP?
 LONELY OR STRUGGLING TO COPE?**



**If you need help or advice
WE CAN SIGNPOST YOU
 TO SOMEONE WHO CAN HELP**



**Contact Zoe Clarke, our
 Community and Care Co-ordinator
 at Bridgnorth Medical Practice
 on 01746 767121
 or ASK YOUR GP OR NURSE
 or ENQUIRE AT RECEPTION**



**Day Centres Residential Care
 Respite Care Home Care
 Personal Care
 Equipment Transport
 Support for you as a Carer
 Support for independent living
 Someone to talk to
 and much more ...**



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CARERS IDENTIFICATION AND REFERRAL FORM (to be retained by practice when completed)

DETAILS OF CARER:

Name	
Date Of Birth	
Address	
Post Code	
Daytime tel number	
GP name & practice	
Relationship to patient	
Signature of Carer	I agree to my records being updated stating I am a Carer of the person named below. Date:

DETAILS OF THE PERSON BEING CARED FOR:

Name	
Date Of Birth	
Address (If Different From Above)	
Post Code	
Telephone Number (If Different From Above)	
GP name & practice	
Signature of Person being cared for	I agree to my records being updated stating that the above named person cares for me. Date:

- I do not require any Carer's support at this time.
- I would like the Community & Care Co-ordinator to call me.
- Please pass my details to the Carers Service.
- Please refer me to Adult Care Services for a Carer's Assessment.

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CONSENT TO SHARE CONFIDENTIAL INFORMATION

The Data Protection Act 1998 and the ethical codes of conduct of all health care professionals, require that medical data is treated confidentially at all times. We are not permitted to share of your medical details with a third party without your consent.

If you wish to allow a third party access to or to discuss your medical history with the health care professional providing your treatment, please complete the consent form below:

Patient Consent

I give consent to the sharing of my medical information as directed below:

(Patient) Full Name..... Date of Birth

(Patient) Address.....

Third Party Details

To be shared with:

(Third Party) Full Name Date of Birth.....

Relationship to patient Telephone No

Address.....

Please tell us what information can be shared:

Type of Information	Please Tick *
Medical History	()
Medication	()
Test results	()
All of the above	()

Please note if you no longer wish your nominated person to have access to your medical information, please inform the Practice in writing. Once we have received your signed letter, we will remove the permissions from your record.

(Patient) Signature..... Date

(Proxy) Signature Date