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## **CARERS 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 agreeable, we will pass your details to the Carers Service, which is a countywide organisation providing relevant information and advice, local support services, newsletter and telephone linkline for carers.

We will also refer you, with your permission, to have your needs assessed through the Carers Centre, they will also be able to provide you with relevant information and advice, local support services, newsletter. A carers 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<br>(If Different From Above)          |  |
| Post Code                                     |  |
| Telephone Number<br>(If Different From Above) |  |
| GP Details<br>(If Different From Your Own)    |  |

Please refer me to Adult Care Services for a Carers Assessment.

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