

## CARER IDENTIFICATION AND REFERRAL FORM

**Do you look after someone, unpaid, who is ill, frail, disabled or has mental health or substance misuse problems? Is this person your partner, family member, child or friend? If so, you are an informal carer and we would like to support you.**

### YOUR CONTACT DETAILS

<b>Name</b>	Mr / Mrs / Miss / Ms		
<b>Date of Birth</b>		<b>Age</b>	
<b>Address</b>		<b>Postcode</b>	
<b>Telephone Number</b>			

<b>I look after my...</b> <i>(tick as appropriate)</i>	<input type="checkbox"/> Partner/Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Neighbour <input type="checkbox"/> Other <i>(please state)</i>		
<b>Nature of condition / diagnosis of person I look after</b> <i>(tick as appropriate)</i>	<input type="checkbox"/> Physical illness or condition <input type="checkbox"/> Life-limiting illness or condition <input type="checkbox"/> Frail / elderly <input type="checkbox"/> Mental illness or condition <input type="checkbox"/> Learning Disability <input type="checkbox"/> Substance misuse (alcohol / drugs) <input type="checkbox"/> Dementia <input type="checkbox"/> Other		
<b>Is the person you look after registered as a patient at this practice?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes - I consent to my GP 'linking' my medical record, &amp; contact details, to the person I care for on the practice's recording system</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you live with the person you look after?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Indicate the Local Authority of the person you care for:</b>	<b><i>This information is required to refer you to the right carer support service:</i></b> <input type="checkbox"/> Kensington & Chelsea <input type="checkbox"/> Hammersmith & Fulham <input type="checkbox"/> Westminster <input type="checkbox"/> Other <i>(please state)</i>		

We would like to pass your details onto your **local adult or young carer support service**, which provides information, advice and support to carers, including information about your rights, how you could access a break from your caring role, financial support, and support to access other services. You will be contacted directly for further details about your caring role and the person you care for.

☐ **Yes – please pass my contact details onto my local Carers Support Service**

If you are **aged 16 or over and caring for someone aged 18 or over**, you have a **right to a free statutory Carer's Assessment**. A Carer's Assessment is a chance to talk about your individual needs as a carer, and find out what help and support could be available to you from your Local Authority. It is usually carried out by Social Services, who can also look at the support needs of the person you care for and how they can help them. You will be contacted directly for further details about your caring role and the person you care for.

☐ **Yes - please refer me for a statutory Carer's Assessment from the Local Authority**

☐ **Yes – you can contact me in the future for feedback on the support I received**

**Your signature:**..... **Date:**.....

**NOTE:** Verbal consent can be given by the carer. Staff member making the referral can sign & PP this form on the carer's behalf. Once completed, please return form to Carer Lead.

**Please hand this completed form to Reception.  
Please ask Reception if you need any help to complete this form.**