

# MILLVIEW MEDICAL CENTRE

## 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 to reception.

If you are agreeable, we will pass your details to the Carers Service which is a countrywide organisation providing relevant information and advice, local support services, newsletter and telephone link line for carers.

We will also refer you, with your permission, to have your needs assessed by the 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 can also look at the needs of the person you care for. This is done separately, or together, depending on the situations. There is not charge for an assessment.

#### Your Details

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

(if different from your own) \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone No. \_\_\_\_\_

Any Relevant \_\_\_\_\_

Information \_\_\_\_\_

#### Details of the Person you look after

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

(if different from above) \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone No. \_\_\_\_\_

GP Details \_\_\_\_\_

(if different from your own) \_\_\_\_\_

Please pass on my details to the Carers Service

Please refer me to the adult care Services for a Carers Assessment