**SUTHERGREY HOUSE MEDICAL CENTRE**

**CARERS IDENTIFICATION AND REFERRAL FORM**

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

If so, you are a carer and we would like to support you. Please complete this form and hand in to reception.

If you are agreeable, we will pass your details to Carers in Hertfordshire, which is a countywide organisation providing relevant information and advice, local support services, newsletter and telephone linkline for carers.

We can also refer you, with your permission, to have your needs assessed by Adult Care Services. A carers 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.

**YOUR DETAILS**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Post Code** |  |
| **Telephone Number** |  |
| **Any Relevant Information** |  |

**DETAILS OF THE PERSON YOU CARE FOR**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Address**  **(if different from above)** |  |
| **Post Code** |  |
| **Telephone Number**  **(If different from above)** |  |
| **GP Details**  **(If different from your own** |  |

Please pass my details to Carers in Hertfordshire C:\Users\rebecca stone\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\KVTFH1TW\Ic_check_box_outline_blank_48px.svg[1].png

Please refer me to Adult Care Services C:\Users\rebecca stone\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\KVTFH1TW\Ic_check_box_outline_blank_48px.svg[1].png

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| Please use this space for any relevant information. |