

KINGSBRIDGE MEDICAL PRACTICE

Carers Identification and Referral Form

YOUR DETAILS

Name			
Address		Date of Birth	
		Home Phone	
Post Code		Mobile Phone	
Any relevant information			

DETAILS OF THE PERSON YOU LOOK AFTER

Name			
Address		Date of Birth	
		Home Phone (If different)	
Post Code		Mobile Phone (If different)	
GP details (If different)			

I consent to my details being passed onto The Carers Hub

Signed: _____

(Parent / Guardian Signature for Young Carers)

Information provided will be treated in confidence and will only be shared with your consent for the purposes of providing Carer support.

If you are a Carer who helps and supports someone who can't manage on their own, we want to ensure YOU get all the support YOU need.

We want to identify and support as many Carers as we can.

You may be looking after a member of your family, or helping a friend or neighbour who has a disability, physical or mental illness, or is frail. Many people who provide this extra help and support don't regard themselves as a Carer and are often undertaking this vital role without help or support themselves.

If this is you, we really would like you to let us know. We can then ensure you receive all the support and information we can give and access to the Carers Hub with your consent, or maybe simply being there to listen when things get too much.

If you are a Carer, simply complete the reverse of this form and hand it to our Receptionist.

We will then include you on our Carers Register.

Thank You