

Queens Park Medical Practice

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 agree, we will pass your details to the Carers Service, an organisation providing information and advice, local support services, newsletters and a telephone linkline for carers.

We will also refer you, with your permission, to have your needs assessed by 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 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	
Care You Provide	

DETAILS OF THE PERSON YOU LOOK AFTER:

Name	
Date of Birth	
Address (If Different From Above)	
Post Code	
Telephone Number	
GP Details (If Different From Your Own)	

- Please pass my details to the Carers Service

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

Thank you for completing this form

Queens Park Medical Practice

LETTER TO PATIENTS

[date]

Dear

CARERS

Do you look after someone who is ill, frail, disabled or mentally ill? If so, you are a carer. We are interested in identifying carers, especially those people who may be caring without help or support. We know that carers are often “hidden”, looking after a family member or helping a friend or neighbour with day-to-day tasks and may not see themselves as a carer.

We feel that caring for someone is an important and valuable role in the community, which is often a 24-hour job that can be very demanding and isolating. We believe carers should receive appropriate support by way of access to accurate information on a range of topics, such as entitlement to benefits and respite care, as well as a listening ear when things get too much.

Carers are entitled to have their needs assessed by Adult Care Services. A Carers Assessment is a chance to talk about their needs as a carer and the possible ways help could be given. It also looks at the needs of the person they care for. This could be done separately, or together, depending on the situation. There is no charge for an assessment.

If you are a carer, this is an opportunity to let the practice know so that we can update our records and pass on your details to the Carers Service, who can provide relevant information and advice, local support services, newsletter and access to a telephone linkline. We can also refer you to Adult Care Services for a free carer’s assessment.

If you are a carer, please complete the attached sheet and return it to the surgery.

We look forward to hearing from you.

Yours sincerely

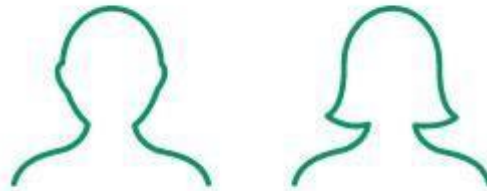
Dr

Queens Park Medical Practice

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Anyone Could Be



A Carer

Caring for someone is an important and valuable role, which is often a 24-hour job that can be very demanding and isolating.

As a carer, you are entitled to have your needs assessed by Adult Care Services. A carers assessment is a chance to talk about your needs and ways you could receive help. It also looks at the needs of the person you care for. There is no charge for an assessment.

If you think this could apply to you or someone you know, please ask at reception for a

CARERS' IDENTIFICATION AND REFERRAL FORM

Completing this will let us know about your caring responsibilities

Queens Park Medical Practice

AGREEMENT FOR A CARER TO HAVE ACCESS TO A PATIENT'S PERSONAL DETAILS and/or COPIES OF CORRESPONDENCE

Patient's Name	
Patient's Address	

To: *Queens Park Medical Practice*

I give permission for my carer [*name:* _____] to have access to my medical records and personal details held by the practice.

This permission relates to all/ art of my record/specific condition only (*delete as appropriate*).

Where the permission is restricted to part of the record only, please specify below the precise limits of this permission, and any areas of the record which are excluded:

I understand that the doctor may override this authority at any time, and that this permission will remain in force until cancelled by me in writing.

I do/do not consent to my carer receiving copies of all correspondence relating to my treatment (*delete if not applicable*). I confirm that this has been explained to me by my GP and that the GP has sole discretion to withhold all or any copies.

Signed _____ (Patient) Date _____

Accepted by _____ (Doctor) Date _____

Office Use Only:

Copy Frequency	
Specific Copy Exclusions	
Specific Copy Inclusions	

Queens Park Medical Practice

CONTACT POINTS

RESOURCE	CONTACT NUMBER
Carers Line www.carersuk.org	0808 8087777
Princess Royal Trust for Carers www.carers.org	020 74807788
Young Carers (www.youngcarers.net)	0844 800 4361
Community Nursing Service	
Occupational Therapy	
Falls Prevention Service	
Social Services	
Red Cross Home Care Services	
Women's Royal Voluntary Service (WRVS)	
Local Carers organisation	
Community Matron	
Respite Providers	
Local Carer Charities	
Source of Carer Literature for Display	
