

ST LUKE'S PRIMARY CARE CENTRE

CARERS IDENTIFICATION AND REFERRAL FORM

DO YOU LOOK AFTER A FAMILY MEMBER OR FRIEND who needs help as a result of disability, physical or mental illness, ageing or substance misuse? If so, you are a Carer.

Being an unpaid Carer can often affect your own health. Letting your GP know that you're a Carer will help us to support you better.

Northamptonshire Carers is an organisation providing information and advice, and all kinds of free services which could help you. So you can find out more, we will refer you to them (please indicate if you *don't* want to be referred).

You are also entitled to a free Carers Assessment by Northamptonshire Carers. This is a chance to talk about your needs as a Carer and the possible help available. If your assessment identifies eligible needs which cannot be met by existing services, you will have access to a Carers Direct Payment. Currently this is not means tested.

Office use only:

Person being cared for:
'Has a carer' (918F) coded

Carer:
'Carer' (Ub1ju) coded

Added to groups &
relationships

YOUR DETAILS:

NAME	
DATE OF BIRTH	
ADDRESS	
CONTACT NUMBER	
Any other relevant information (eg the care of care you provide)	

We will refer you to Northamptonshire Carers for further information and support.

I would like:

Financial advice (carers assessments, benefits advice)	<input type="checkbox"/>
One to One telephone support	<input type="checkbox"/>
Signposting and referral to other organisations	<input type="checkbox"/>
Carers support group	<input type="checkbox"/>
Carers sitting service	<input type="checkbox"/>
Listening ear and emotional support	<input type="checkbox"/>
General advice and support	<input type="checkbox"/>

Please tick if you do not wish to be referred

DETAILS OF THE PERSON YOU LOOK AFTER:

Name	
Date Of Birth	
Address (If Different From yours)	
Post Code	
Contact Number (If Different From yours)	
GP Details	
Your relationship to this person (I am their wife or I am their father)	
Reason this person requires care	

SIGNED BY CARER:.....

SIGNED BY CAREE:.....

For caree: By signing this form you are giving your permission to allow your carer to act on your behalf eg, speak to the doctors, collect your blood results

Thank you for completing this form

Please return your form to nccg.contact.stlukesduston@nhs.net