



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 are agreeable, we will pass your contact details and details of your caring situation to **Carers of West Lothian** who will send you information about the support available for carers in West Lothian.

We can, if you agree, also send your details to the **Social Work Department** in order that you have your needs assessed. A **Carers Assessment** is a chance to talk about your needs as a carer and the possible ways help could be given. It 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.

If you are a patient at the Howden Health Centre, you can also have your name added to our practice Carers register. This will allow us to identify you as a carer in the future (e.g. to offer 'Flu immunisations).

YOUR DETAILS

Name	
Date of Birth	
Address	
Postcode	
Telephone number	
Please tell us about your caring situation	
Your GP / GP Practice	

PTO...

DETAILS OF THE PERSON YOU LOOK AFTER

Name	
Date of Birth	
Address (if different from above)	
Postcode	
Telephone number (if different from above)	
GP / GP Practice (if different from your own)	

- Please refer me to Carers of West Lothian who will send me information about the support available for carers in West Lothian
- Please refer me to the Social Work Department for a Carers Assessment.
- Please include my name on the Howden Medical Group Carers register (for individuals registered as patients at Howden only).

Signature

Date

Thank you for completing this form