

*Action for Family Carers*

<b>Adult Carers Referral Form</b>					
Title:					
Last Name					
First Name					
Address:					
Postcode					
Home Tel No:					
Work Tel No:					
Mob Tel No:					
Email:					
Carer's Ethnicity?					
Hours spent caring in a week?					
DOB:					
C.A. Assessment completed?		Or Referral made?		Carers Health Problems	
YES NO		YES NO			
Date:		Date:		Teams Involved	
Carer in Employment		YES NO			
Action for Family Carers will contact the Service User/Carer following referral. Please indicate if the Carer has any particular communication difficulties below:-					
<b>CARED FOR DETAILS:</b>		Title		Surname	
First Name			DOB:		Relationship
Home Address (if different to Carer's)			Condition/Diagnosis:		
O.T Assessment Completed?			Referral Made?		
YES NO			YES NO		
Date			Date		

Doctors Name and Surgery Address		Other Social Care Teams Involved	
Phone		Phone/ email	
Reason for Referral			
<b>REFERERS DETAILS</b>			
Title:			
Last Name			
First Name			
Address:			
Postcode			
Work Tel No:			
Email:			
Verbal Consent has been obtained to refer the above Carer to Action for Family Carers (Please sign to confirm consent has been given)			
Signature of Referrer to confirm consent			
Date			

If it possible to gain written consent please ask the Service User/Carer to sign the declaration below.

I agree to a referral being made to Action for Family Carers and to my information being stored either electronically or in manual records by AFFC for case management purposes.

Signed:..... Date:

Please email to [info@affc.org.uk](mailto:info@affc.org.uk)

To maintain confidentiality please encrypt and phone Adult Team for password  
 Action for Family Carers is a Registered Charity in England and Wales:1127164  
 Phone 01621 851640

