



CARER IDENTIFICATION & REFERRAL FORM

DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL, DISABLED, HAS MENTAL HEALTH PROBLEMS, OR MISUSES DRUGS OR ALCOHOL?

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 would like any further information, please speak to Loiza Lad.

If you are in agreement, your information will be passed to **Carers in Hertfordshire**, which is a countywide organisation providing carers with information and advice. Subsequently you will be sent a carer's information pack and a Carer Support Worker will telephone to discuss your caring role and explore any sources of support available to you. *Carers in Hertfordshire* services are all free of charge.

YOUR DETAILS:	
Title, First Name & Surname	
Date of Birth	
Address	
Post Code	
Contact Telephone Numbers	
Email	
Your GP Surgery	PARKFIELD MEDICAL CENTRE
Name of GP who knows you best	
DETAILS OF CARED FOR PERSON:	
Name	
Date of Birth	
Address & contact details <i>(if different to above)</i>	
Relationship to who you look after	
GP details <i>(if different to your own)</i>	
Condition & situation of the person you look after	

Please register me as a carer at my GP surgery p
 You have my permission to pass my details to Carers in Hertfordshire p

Carer's Signature:
Date:

For surgery use	Tick once completed	Date	Initials
Scan form / update notes of patient to indicate they are a carer	p		
If consent has been given, fax this form to Carers in Herts 01442 253222	<input type="checkbox"/>		
Pass form onto Carers Champion	<input type="checkbox"/>		