

CARERS IDENTIFICATION 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 a carer who provides regular and substantial care or intend to, you can ask Adult Social Care services to look at your needs as well as those of the person you care for. If you do not live locally to the person you care for, you will need to contact the services in the area of the cared for person.

Contact details for arranging an assessment can be found on notice boards in the reception area or you can ask a receptionist.

YOUR DETAILS:

(Read code: 918A)

Name	
Date of Birth	
Address	
Post Code	
Telephone number	
Any relevant information	
GP Details	
Relationship to person	
Are you their main carer	YES / NO

DETAILS OF THE PERSON YOU LOOK AFTER:

(Read code: 918F)

Name	
Date of Birth	
Address	
(If different from above)	
Post Code	
Telephone number	
GP Details	

THANK YOU FOR COMPLETING THIS FORM