

**ST JOHNS WOOD MEDICAL PRACTICE  
CARER IDENTIFICATION AND REFERRAL FORM**

**ARE YOU A CARER?**

A carer is someone who provides unpaid help and support to a partner, relative, friend or neighbour who could not manage without this help.

The person you care for could be either an adult or child, with:

- A medical or long-term condition
- A physical or learning disability
- Sensory impairment
- Dementia
- A mental health condition
- Substance dependency

For many being a carer is rewarding with many positive aspects. However, at the practice we recognise being a carer can also leave you needing support.

As a carer you may be able to access a range of help and support from your local council and from independent organisations and charities.

Identifying yourself as a carer is key to accessing the support, advice and information you need.

**REGISTER WITH US AS A CARER BY COMPLETING OUR CARERS  
IDENTIFICATION AND REFERRAL FORM**

**ONCE YOU HAVE INFORMED US YOU ARE A  
CARER, WE CAN:**

- Update your record to show that you are a carer
- Offer you a Care Plan/Health Check appointment to focus on your health care needs
- Offer you a free annual flu vaccination
- Offer you a referral to your local carer support service
- Offer you a referral for a statutory carers assessment from the local authority

# ST JOHNS WOOD MEDICAL PRACTICE

## CARER IDENTIFICATION AND REFERRAL FORM

Do you look after someone, unpaid, who could not manage without your help? It could be your partner, family member, child or friend? If so, you are an informal carer and we would like to support you.

### YOUR CONTACT DETAILS

Name	Mr / Mrs / Miss / Ms		
Date of Birth		Age	
Address		Postcode	
Telephone Number(s)			

I look after my... <i>(tick as appropriate)</i>	<input type="checkbox"/> Partner/Spouse	<input type="checkbox"/> Parent	<input type="checkbox"/> Child	<input type="checkbox"/> Brother/Sister
	<input type="checkbox"/> Friend	<input type="checkbox"/> Neighbour	<input type="checkbox"/> Other <i>(please state)</i>	
Nature of condition / diagnosis of person I look after <i>(tick as appropriate)</i>	<input type="checkbox"/> Physical illness or condition	<input type="checkbox"/> Life-limiting illness or condition	<input type="checkbox"/> Frail / elderly	
	<input type="checkbox"/> Mental illness or condition	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Substance misuse (drugs/alcohol)	
		<input type="checkbox"/> Dementia	<input type="checkbox"/> Other	

### Name of the person you look after / care for:

Is the person you look after registered as a patient at this practice?  Yes  No

If yes - I consent to my GP 'linking' my medical record and contact details to the person I care for on the practice's recording system  Yes  No

Do you live with the person you look after?  Yes  No

### Indicate the Local Authority of the person you care for:

*This information is required to refer you to the right carer support service:*

Westminster  Camden  Other *(please state)*

We would like to pass your details onto your **local adult or young carer support service**, which provides information, advice and support to carers, including information about your rights, how you could access a break from your caring role, financial support, and support to access other services. You will be contacted directly for further details about your caring role and the person you care for.

**Yes – please pass my contact details onto my local Carers Support Service**

If you are **aged 16 or over and caring for someone aged 18 or over**, you have a **right to a free statutory Carer's Assessment**. A Carer's Assessment is a chance to talk about your individual needs as a carer, and find out what help and support could be available to you from your Local Authority. It is usually carried out by Social Services, who can also look at the support needs of the person you care for and how they can help them. You will be contacted directly for further details about your caring role and the person you care for.

**Yes - please refer me for a statutory Carer's Assessment from the Local Authority**

Signature:..... Date:.....

**PLEASE RETURN YOUR COMPLETED FORM TO RECEPTION OR EMAIL IT TO [SJWMP.PPG@NHS.NET](mailto:SJWMP.PPG@NHS.NET)**

**NOTE: Verbal consent can be given by the carer. In this instance a Staff member can sign & PP this form on the carer's behalf.**