

## 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.

We will also refer you, with your permission, to have your needs assessed by either the Orkney Carers Centre or Community Social Services. A Carers Assessment is a chance to talk about your needs as a carer and the possible ways help could be given. It also 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 this assessment.

#### YOUR DETAILS

Name	
Date of birth	
Address	
Post code	
Phone Number (Day)	
Phone Number (Evening)	
Any relevant information	

#### DETAILS OF THE PERSON YOU LOOK AFTER

Name	
Date of birth	
Address (If different from above)	
Post code	
Phone Number (Day)	
Phone Number (Evening)	
Name of GP	

I consent/ do not consent to these details being copied to

Orkney Carers Centre [    ]

Signed ..... Date .....

*This information in this leaflet is in no way intended to replace the professional medical care, advice, diagnosis or treatment by a doctor. If you notice medical symptoms or feel ill you should consult your doctor.*