**A logo for carers partner

Description automatically generated**

**Referral Form – Request for a Carers Assessment**

**Details of Referring Agency**

|  |  |
| --- | --- |
| Name of person making contact: |  |
| Agency Name: |  |
| Contact telephone number: |  |
| Email address: |  |
| Date of request: |  |

**Consent:**

**Please confirm that the client has agreed to the following:**

**YES / NO given consent for this referral to be made**

**YES / NO given consent for their personal information to be recorded by the Carers partnership**

**YES / NO Has been informed their information will not be shared more widely without their consent.**

**Please fill in ALL Boxes**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CARERS DETAILS** | | | | | |
| Surname |  | | | | |
| Forenames |  | | | | |
| Address |  | | | | |
| Postcode |  | | | | |
| Date of Birth |  | | Gender | |  |
| Telephone No. |  | | Mobile No. | |  |
| Can we leave a voicemail? | Y/N | | Can we send a text message? | | Y/N |
| Email Address |  | | | | |
| Alternative contact (family/friend) |  | | Alternative contact phone number | |  |
| Marital Status |  | | Employed | |  |
| Registered with their GP as a Carer? |  | | Advised Carer to register with their GP | |  |
| Carer Disability/Condition  Complete if carer has a disability. health or mental health condition |  | | | | |
| How many hours of care do they provide a week? |  | | | | |
| Does the Carer have any access needs? | Physical Access needs Y/N  Language Y/N | | | | |
| **CARED FOR PERSONS DETAILS** | | | | | |
| Surname |  | | | | |
| Forenames |  | | | | |
| Address |  | | | | |
| Postcode |  | | | | |
| Illness / Disability (please include **ALL** conditions ) |  | | | | |
| GP Surgery |  | | | | |
| Relationship to Carer |  | | | | |
| Gender |  | Ethnic Group | |  | |
| Date of Birth |  | | | | |
| Is there any reason that we cannot make a home visit if we need to? |  | | | | |
| **REASON FOR REFERRAL** (include any actions already taken by your agency) | | | | | |
|  | | | | | |
| **ARE ANY OTHER AGENCIES INVOLVED WITH THIS FAMILY?** (Including other voluntary sector orgs.) | | | | | |
|  | | | | | |

**Please return this form to:** [**carers@communicare.org.uk**](mailto:carers@communicare.org.uk)