

Beaconsfield Medical Practice

Carer Registration and Referral Form

If you are a child or adult who helps to support a relative, partner, friend or neighbour who is ill, frail, disabled or who has mental health or alcohol and drug problems, YOU ARE A CARER.

Please complete this form and hand it or email/ send it back to us at:

Sxicb-bh.beaconsfieldsurgery@nhs.net We will record in your notes that you are a carer. This can help us provide you with help with: arranging repeat prescriptions, flu immunisation, annual health checks and arranging appointments which fit in with caring.

Tell us what information and support you want by ticking the boxes below and overleaf. We will pass your details to the Carers Centre who can help signpost you to support and provide guidance specific to you as a carer.

Carer details:

Name:	Date of birth:
Address:	Postcode:
Telephone number:	
Email address:	
When is best to contact you:	

Beaconsfield Medical Practice

Who is the person you are caring for and your relationship to the person cared for
eg: Spouse, Partner, Relative, Friend, Neighbour

I give my consent to be added to the carers register at Beaconsfield Medical Practice: **YES / NO**

Signature:

Date:

Carer – would you be interested in support with any of the following?

Access to training and employment support for carers		Emotional support		Support from your GP and Primary Care Team	
Juggling caring and working		Direct Payments		DVD about caring skills	
Carer Assessments		Adapting your home		Carer support groups	
Information about the illness		Aids and Equipment		Lifting and handling safely	
Medication management		Residential & nursing homes		Emergency care cover for 'carers'	
Support for young carers		Telecare		Support when caring for someone affected by mental health	
Welfare Benefits		Chemist		Other (Please describe)	