

CARERS REFERRAL FORM

Date entered into database.....ID Number..... Project: OC AC YC PC MH

Date of referral/enquiry..... Referred by.....
 Telephone number:.....
 Presenting Issue.....
 Referral taken by:..... Confidentiality Form Signed: Yes/No

CARERS DETAILS

Name..... DOB.....
 Address..... Gender M / F

 Postcode..... Ward.....
 Telephone No..... E-mail
 Mobile

Ethnic Origin

White British	Bangladeshi
White Irish	Tamil
Other White	Other Asian Background
Mixed White & Black Caribbean	Black or Black British
Mixed White and Black African	Black Caribbean
Other Mixed Background	Black African
Asian or Asian British	Any Other Black Background
Indian	Chinese
Pakistani	Other

Carers health issues.....

Physical Impairment	Sensory Impairment
Mental Health	Frail Elderly
Long term Limiting Illness	Learning Disability
Short Term Episode	

GP Practice.....
 Address.....

 Tel:.....

GP aware they are a carer? Yes No
 Have you had a Carers Assessment? Yes No Don't know Declined
 Consent to receive future mailings from CSM? Yes No
 Consent for inclusion the electronic database? Yes No

Carers Support Merton, 1st Floor, Unit 2, 24 Deer Park Road, London SW19 3UA Tel: 020 8543 0347

CARED FOR PERSONS DETAILS

Relationship to carer:

Husband	Son	Brother	Nephew	Friend
Wife	Daughter	Sister	Niece	Other Relation
Father	Grandparent	Uncle	Partner	
Mother	Grandchild	Aunt	Neighbour	

Name.....

DOB.....

Address.....

Gender M / F

Postcode.....

Tel No

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Cared For Disability.....

Disability Category

Physical Impairment
Sensory Impairment
Mental Health
Frail Elderly
Learning Disability
Long Term Limiting Illness
Short Term episode (i.e life limiting)

Are they registered on the Children with Disabilities

Register? Yes No

Level of Care:

Supervision
Occasional support with personal tasks
Significant support with personal tasks
Totally dependent on carers

Caring hours per week:

1 – 19
20 – 49
50 plus

Have you had contact with Social Services in the past year? Yes No

If Yes, which team?

Physical Impairment	Sensory Impairment
Mental Health	Older People
Children & Families	Learning Disability
Services for HIV	Drug & Alcohol

GP Practice..... Any other Agencies? Yes No

Address..... Details:.....

Tel:.....

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