

ATTENTION ALL CARERS GP Carer Support Referral Form

If you are an unpaid **carer** we would like to support you. **Please complete this form and return it to the surgery.** If you would like any further information, please speak to your Surgery's Carers Champion.

If you are in agreement, your information will be passed to **Carers in Hertfordshire/Crossroads** for more information and advice. Subsequently they will be in touch to offer you the support you may need.

Information about the carer	
Name of your GP Surgery	
Full Name	
Address Inc. Postcode	
Date of Birth	
Phone number/s	
Email	
Information about the person they care for:	
Name of their GP Surgery	
Full Name	
Address Inc. Postcode	
Date of birth	
Phone number/s	
Relationship to Carer	

What kind of support might you need? (Tick as many boxes as apply):

- INFORMATION/ADVICE**
- PREVENT ADMISSION TO HOSPITAL/RESIDENTIAL CARE**
- BREAK FROM CARING**
- OTHER**

Please provide brief details:

Please register myself & the person I care for at the relevant GP Surgery and pass my details to Carers in Hertfordshire/Crossroads for the above support.

SIGNED BY CARER:	DATE:
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OFFICE USE ONLY
 Surgery Staff please pass to The Carer Champion - Faxed (Please tick)
 If consent has been given - Fax this form to Carers in Hertfordshire: 01992 586 959
 Ref: WD/18.03.2015