

Sovereign Medical Centre

CARERS IDENTIFICATION AND REFERRAL FORM

**DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL, DISABLED,
HAS AN ADDITIONAL NEED OR HAS A MENTAL ILLNESS?**

**If so, you are a carer and we would like to support you.
Please complete this form and hand it in to reception.**

With your permission we will pass your details to Carers MK, which is a registered charity providing relevant information and advice, local support services, newsletter and telephone helpline for carers.

Carers MK can also discuss with you more about your caring role, your needs as a carer and the possible ways help could be given. Carers can have their needs assessed by Adult Care Services, through a Carer's Assessment. Carers MK can help you to access this support.

YOUR DETAILS:

Name	
Date Of Birth	
Address	
Post Code	
Telephone Number	
Any relevant information	

DETAILS OF THE PERSON YOU LOOK AFTER:

Name	
Date Of Birth	
Address (if different from above)	
Post Code	
Telephone Number (if different from above)	
GP Details (if different from your own)	

**Please tick box if we can pass your details to
Carers MK**

Thank you for completing this form