

**SUMMERHILL SURGEY
CARERS IDENTIFICATION AND REFERRAL FORM**

**DO YOU LOOK AFTER SOMEONE WHO IS
ILL, FRAIL, DISABLED OR MENTALLY ILL?**

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

If you are agreeable, we will pass your details to the Carers Service, which is a countywide organisation providing relevant information and advice, local support services, newsletter and telephone linkline for carers.

We will also refer you, with your permission, to have your needs assessed by Adult Care Services. A Carers Assessment is a chance to talk about your needs as a carer and the possible ways help could be given. It can also look at the needs of the person you care for. This could be done separately, or together, depending on the situation. There is no charge for an assessment.

YOUR DETAILS:

Name	
Date Of Birth	
Address	
Post Code	
Telephone Number	
Any relevant information Including relationship and type of commitment	

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 pass my details to the Carers Service.
- Please refer me to Adult Care Services for a Carers Assessment.

Thank you for completing this form

**AGREEMENT FOR A CARER TO HAVE ACCESS TO A PATIENT'S
PERSONAL DETAILS and/or COPIES OF CORRESPONDENCE**

Patient's Name	
Patient's Address	

To: Summerhill Surgery
 I give permission for my Carer _____
 to have access to my medical records and personal details held by the Practice.

This permission relates to all / part of my record / specific condition only (*delete as appropriate*).

Where the permission is restricted to part of the record only, please specify below the precise limits of this permission, and any areas of the record which are excluded.

I understand that the doctor may override this authority at any time, and that this permission will remain in force until cancelled by me in writing.

I consent to my Carer receiving copies of all correspondence relating to my treatment (*delete if not applicable*). I confirm that this has been explained to me by my GP and that the GP has sole discretion to withhold all or any copies.

Signed _____ (Patient)

Date _____

Accepted by _____ (Doctor)

Date _____

Office Use Only:

Copy Frequency	
Specific Copy Exclusions	
Specific Copy Inclusions	

On receipt of the form, if you have consented, your details will be passed to the relevant organisations and/or a Carers Assessment will be carried out by the local Social Services Department. The assessment is a process by which the needs of both the carer and person cared for can be identified. Once identified the necessary arrangements can be made for those needs to be met as most appropriate

**Social Services
St Peters House
Dane Valley Road
St Peters
Broadstairs
Telephone 01843 860000**

Services that might be helpful include:

- Help with household tasks
- Help with caring tasks during the day and night
- Respite Care
- Activities for the 'cared for' person
- Benefits Advice

Preferential Booking at Summerhill Surgery

On receipt of your form and if agreed by the Practice, a patient who is relies on their Carer to attend surgery appointments should be offered the option to pre-book an appointment with a GP if possible. This is coded on the patient's record to avoid confusion.

Other useful Services

District Nurse – contact the surgery on 01843 591758

Macmillan Nurse – Discuss with your doctor, practice nurse or district nurse

Health Visitor – contact Newington Road Clinic on 01843 255203 or the surgery

Useful Websites:

www.carers.gov.uk

www.direct.gov.uk

www.carersinformation.org.uk

www.carersuk.org

www.youngcarers.com