

# Your Doctor's Surgery Need to Know If You Look After Someone Carer Registration and Referral

CISS REFERENCE NUMBER:

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 send it to your GP's Surgery, who will record in your notes that you are a carer. This can help your surgery 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. For help to complete this form please contact Carers' Information and Support Service on: 01482 222220 or ask at your surgery.

## Carer

First Name (s) \_\_\_\_\_ Title (Mr/Mrs/Ms) \_\_\_\_\_

Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Ethnicity \_\_\_\_\_

Day Time Number \_\_\_\_\_ Evening Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email \_\_\_\_\_ When is it best to contact you? \_\_\_\_\_

Your relationship to the person cared for: Spouse  Partner  Relative  Friend  Neighbour

Name of GP \_\_\_\_\_ G.P. Practice Name \_\_\_\_\_

GP Practice Address \_\_\_\_\_

## Carer Consent

✓ Yes    ✓ No

I give my consent to be added to the carers register at my GP Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Carers who provide regular and substantial care are legally entitled to a Carer Assessment I would like to be referred for a Carer Assessment of Needs	<input type="checkbox"/>	<input type="checkbox"/>
I would like to be added to the Carers Information and Support Service (CISS) data base in order to receive a regular carer's newsletter	<input type="checkbox"/>	<input type="checkbox"/>
I would like a follow-up call from a Carer Support Worker from CISS	<input type="checkbox"/>	<input type="checkbox"/>
I would like an appointment to see a carer support worker at the surgery	<input type="checkbox"/>	<input type="checkbox"/>
I have difficulty understanding written information and need help	<input type="checkbox"/>	<input type="checkbox"/>
I would like to receive any information via email	<input type="checkbox"/>	<input type="checkbox"/>

I understand that a copy of this form will be held securely at the CISS under the Data Protection Act 1998

**Signature**..... **Date**.....

# Carer Registration and Referral Form - page 2

## Carer



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

## Person Cared For – Optional Consent

I consent to information about my health being discussed with the person named on this form as my carer. I consent to my named carer being recorded on my medical records and that this person may request and/or collect my repeat prescriptions and test results. I will contact the practice if this information changes.

First Name(s)	Title
Last Name	Date of Birth
Address	
Day Time Number	Evening Number
Mobile Number	
Email	When is best to contact you?
Please briefly describe illness or disability	
<b>Signature</b> ..... <b>Date</b> .....	

## GP Staff Use Only

Date

Name (Please print)

Carer Read Coded: Carer 918A /Has a carer 918F/Carer's Details 9180		
Registration form sent to appropriate surgery when carer not a patient of this practice		
Registration Faxed/sent to <b>Carers Support and Information Service (CISS) 30 King Edward Street, Hull, HU1 3SS</b> Fax <b>01482 609613</b> Tel <b>01482 222220</b>		
Carer informed who is the Carer Link in the Surgery		

## CISS Staff Use Only

Date

Name (Please print)

Carer Registered on Data Base/information sent		
Carer Received Follow-Up Call		
Outreach appointment confirmed		
Referred for a Carer Assessment		