

Carer Identification and Referral Form

Hylton Medical Group

Do you look after someone who is ill, frail, disabled, has mental health problems or misuses drugs or alcohol?

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 would like any further information, you can speak to our Carers Lead Aliesha or one of the clinical team.

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| Your Details: | |
| Title, First Name & Surname | |
| Date of Birth | |
| Address | |
| Post Code | |
| Contact Telephone Numbers | |
| E-Mail | |
| Name of GP who knows you best | |
| Details of Cared For Person | |
| Title, First Name & Surname | |
| Date of Birth | |
| Address (if different from above) | |
| GP Details (if not registered at this practice) | |
| Relationship to who you look after | |
| Condition & Situation of the person you look after | |
| Can we register you as a carer | Yes No |
| Can we pass your details on to the Sunderland Carer's Centre? | Yes No |

Carer's Signature

Date: