

**CARERS CARD**

**do you look after someone?**

**they may have a long term health condition, a disability, an addiction or a mental health condition.**

Caring for someone can sometimes be stressful.

It can often affect a person’s physical, mental and emotional well being.

**THIS SURGERY WANTS TO SUPPORT CARERS**

If you would like your GP to know you are a carer please complete the form

and hand it in at reception. A Support Worker from Carers Wakefield will then contact you.

**CARER WAKEFIELD & DISTRICT**

**OFFERS A CONFIDENTIAL INFORMATION AND SUPPORT SERVICE FOR CARERS**

We have a vast amount of information available for

carers on various things including the following:

**SERVICES \* EQUIPMENT \* BREAKS FOR CARERS**

**BENEFITS \* SUPPORT GROUPS \* ASSESSMENTS \* TRAINING**

If you would like to contact us directly you can:

**Telephone: (01924) 305544**

**Visit us at: 25 King Street, Wakefield WF1 2SR**

**Email:** **info@carerswakefield.org.uk**

**Registered Charity No. 1053295**

**Registered Company No. 3143673**

**GP PRACTICE REFERRAL TO CARERS WAKEFIELD & DISTRICT**

Please complete the boxes below.

|  |  |
| --- | --- |
| **Date** |  |

|  |  |
| --- | --- |
| **Name of Carer** |  |

|  |  |
| --- | --- |
| **Address** |  |

|  |  |
| --- | --- |
| **Post Code** |  |

|  |  |
| --- | --- |
| **Telephone** |  |

|  |  |
| --- | --- |
| **Carer Date of Birth** |  |

|  |  |
| --- | --- |
| **Name of the person you care for** |  |

|  |  |
| --- | --- |
| **Relationship to you (e.g. mother, child, husband)** |  |

|  |  |
| --- | --- |
| **Is the person cared for registered at this practice? Yes or No:** |  |

|  |
| --- |
| **If not, which practice are they registered at:** |
|  |

|  |  |
| --- | --- |
| **Their Date of Birth** |  |

|  |  |
| --- | --- |
| **Their condition/illness** |  |

|  |
| --- |
| **Their address if different from above** |
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| --- |
| **Please enter your email address in order to receive our quarterly carer newsletter and other relevant information.** **Your email will not be shared with any third parties.** |
|  |

**GP PRACTICE INFORMATION**

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| --- |
| **Name and position of person completing this form:** |
|  |

|  |
| --- |
| **Name of GP Practice:** |
|  |

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| --- |
| **Additional Information:** |
|  |

Please email this form to:

**info@carerswakefield.org.uk**