

FAVELL PLUS SURGERY

*If you are a Carer who helps and supports someone who can't manage on their own, we want to ensure that **YOU** get all the support **YOU** need.*

If you are caring for someone, we would like you to let us know so that we can ensure that you receive all the support and information that is currently available, including topics such as **Benefits Entitlement**, access to **Respite Care** or maybe simply being there to either help provide or signpost you to a kindly ear when things get too much.

If you are agreeable, we will pass your details to the Northamptonshire Carers Service, a countywide organisation that provides relevant information and advice, local support services, newsletter and telephone link-line for carers.

With your permission, we will also refer you to have your needs assessed by Adult Care Services. This is called a Carers' Needs Assessment.

There is no charge for this, and it's your chance to discuss your role as a Carer and what help you may need to:

- ❖ **Support you as a Carer,**
- ❖ **Maintain your own health**
- ❖ **Balance caring with other aspects of your life, like work and family, looking at both your current and future needs.**

It's NOT about judging the way you are caring for someone, nor should social services assume that you wish to become, or carry on being, a carer.

As a result of completing the Assessment, the local authority may provide services to help you in your caring role or to maintain your own health and well-being.

It can also look at the needs of the person you care for. This could be done separately, or together, depending on the situation.

To be able to do this, we need to know certain facts about your caring situation, as listed in the form overleaf.

Please complete the form below and hand it to a member of our Reception / Admin Team.

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Carer's Identification and Referral Form

YOUR DETAILS

Name			
Address		Date of Birth	
		Home Phone	
Post Code		Mobile Phone	
Any relevant information			

DETAILS OF THE PERSON YOU LOOK AFTER

Name			
Address		Date of Birth	
		Home Phone (If different to above)	
Post Code		Mobile Phone (If different to above)	
GP details (If different to Favell Plus)			

☐ Please pass my details to the Carer's Service

☐ Please refer me to Adult Care Services for a **Carer's Needs Assessment**

Signed: _____

Please complete this form and either hand it to a member of our Reception / Admin. Team or place it in the special "Carers Referrals" box in Reception.

Thank you for completing this form