Newton Abbot West PCN

Bovey Tracey & Chudleigh Practice Tel: 01626 832666 / 01626 852379
Albany Surgery Tel: 01626 334411
Kingskerswell & Ipplepen Health Centres Tel: 01803 874455

ARE YOU A CARER?

A carer is someone who provides unpaid help and support to a partner, relative friend or neighbour who could not manage without this help.
The person you care for could be either an adult or child, with:

- A medical or long-term condition
- A physical or learning disability
- Sensory impairment
- Dementia
- A mental health condition
- Substance dependency

For many being a carer is rewarding with many positive aspects. However, at the practice we recognise being a carer can also leave you needing support.

As a carer you may be able to access a range of help and support from your local council and from independent or voluntary organisations.

Identifying yourself as a carer is key to accessing the support, advice and information you need.

REGISTER WITH US AS A CARER BY COMPLETING OUR CARERS IDENTIFICATION AND REFERRAL FORM.

ONCE YOU HAVE INFORMED US YOU ARE A CARER, WE CAN:

- Update your record to show that you are a carer
- Offer you a free annual flu vaccination
- Offer you a referral for a statutory carers assessment
- Offer you priority referral to our Social Prescriber or practice based Pharmacist
- Make double appointments with your GP when requested

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Do you look after someone, unpaid, who could not manage without your help? It could be your partner, family member, child or friend? If so, you are an informal carer and we would like to support you.

YOUR CONTACT DETAILS			
Name	Mr/Mrs/Miss/Ms		
Date of Birth		**Age**	
Address		**Postcode**	
Telephone Number(s)			
I look after my….. *(tick as appropriate)*	☐Partner/Spouse ☐Parent ☐ Child ☐Brother/Sister ☐Friend ☐Neighbour ☐Other *(please state)*		
Nature of condition / diagnosis of person I look after *(tick as appropriate)*	☐Physical illness or condition ☐Life limiting illness or condition ☐Frail / elderly ☐Mental illness or condition ☐Learning Disability ☐Substance misuse (drugs/alcohol) ☐Dementia ☐Other		
Name of the person you look after / care for:			
Is the person you look after registered as a patient as this practice?	☐Yes ☐No		
If yes – I consent to my GP 'linking' my medical record and contact details to the person I care for on the practice's recording system	☐Yes ☐No		
Do you live with the person you look after?	☐Yes ☐No		

We would like to pass your details onto your **local adult or young carer support service**, which provides information, advice and support to carers, including information about your rights, how you could access a break from your caring role, financial support, and support to access other services. You will be contacted directly for further details about your caring role and the person you care for.

☐ **Yes - please pass my contact details onto my local Carers Support Service**

Signature of Carer : …… Date: …….

PLEASE RETURN YOUR COMPLETED FORM TO RECEPTION