

RIVERSIDE SURGERY – CARERS IDENTIFICATION AND REFERRAL FORM

Do you look after someone who ill, frail, disabled or mentally ill? If so, you are a carer and we would like to support you.

Please complete this form and hand it in to reception. With your permission we will pass your details to Carers Bucks, which is a registered charity providing relevant information and advice, local support services, newsletter and telephone helpline for carers.

Carers Bucks can also discuss with you more about your caring role, your needs as a carer and the possible ways help could be given. Carers can have their needs assessed by Adult Care Services, through a Carer's Assessment. Carers Bucks can help you to access this support.

YOUR DETAILS:

Name	
Date of Birth	
Address	
Postcode	
Telephone number	
Any relevant information	

DETAILS OF THE PERSON YOU LOOK AFTER:

Name	
Date of Birth	
Address (if different from above)	
Postcode	
Telephone number (if different from above)	
Any relevant information	

Please pass my details to Carers Bucks

Thank you for completing this form