

BURNHAM HEALTH CENTRE

CARERS IDENTIFICATION AND REFERRAL FORM

**DO YOU LOOK AFTER SOMEONE WHO THROUGH ILLNESS, DISABILITY
OR FRAILTY CANNOT MANAGE WITHOUT YOU?**

If so, you are a carer and we would like to support you.

Please complete this form and hand it in to the receptionist.

YOUR DETAILS:

Name	
Date of Birth	
Address including post code	
Home Phone number	
Mobile Phone number	
Your relationship to the cared for person	
Name of your GP	

DETAILS OF THE PERSON YOU LOOK AFTER:

Name	
Date Of Birth	
Address (if different from your own)	
Telephone numbers (if different from your own)	
Name of GP	
Brief description of health issues	

Carers Bucks and Slough Carers Support are registered charities providing relevant information and advice, local support services, newsletter and a telephone helpline for carers. Would you like us to refer you to them? YES NO

Please sign & date form to confirm the details above are correct:

Signed Date.....