

# HUDDERSFIELD ROAD PARTNERSHIP

## CARERS IDENTIFICATION AND REFERRAL FORM

**DO YOU LOOK AFTER SOMEONE WHO IS 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.

If you are agreeable, we will pass your details to the Carers Service, which is a support countywide organisation providing relevant information and advice, local support services, newsletter and telephone link line carers.

We will also refer you, with your permission, to have your needs assessed by Adult Care Services. A Carers assessment is a chance to talk about your needs as a carer and possible ways help could be given. It can also look at needs of the person you care for. This could be done separately, or together, depending on the situation. There is no charge for an assessment.

### YOUR DETAILS:

Name .....  
Date of Birth .....  
Address .....  
Postcode .....  
Telephone Number .....  
Relationship to patient .....

### DETAILS OF THE PERSON YOU LOOK AFTER

Name .....  
Date of Birth .....  
Address  
(If different to above) .....  
Postcode .....  
Telephone Number .....  
GP Details  
(If different from yours) .....

Please pass my details to the Carers service   
Please refer me to the Adult Care Services for a Carers Assessment

For more information please visit: <https://www.barnsley.gov.uk/services/adult-health-and-social-care/support-for-carers/>