

The Randolph Surgery

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)	
Post Code		Mobile Phone (If different)	
GP details (If different)			

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 Maxine Carter, Head of Reception.

Thank you for completing this form

The Randolph Surgery

Agreement by a Patient to allow a Carer to have access to their Personal Details and / or Copies of Correspondence.

Patient's Name	
Patient's Address & Post Code	

To: The Randolph Surgery

I give permission for my Carer, *****Insert Carer's Name*****, to have access to my personal details and medical records held by the Practice.

Delete those which are NOT applicable:

<i>This permission relates to all my records.</i>	
<i>The permission relates to part of my records.</i>	
Please specify the parts of the record to which access is allowed and any areas which are specifically excluded.	
<i>This permission relates to a specific condition.</i>	
Please specify the condition.	
<i>The permission relates to my Carer receiving copies of all correspondence relating to my treatment.</i>	
I confirm that my GP has explained this to me and has sole discretion to withhold any or all copies.	

I understand that this permission will remain in force until cancelled by me in writing and that the doctor may override this authority at any time.

I consent to my Carer receiving copies of all correspondence relating to my treatment (delete if not applicable). I confirm that this has been explained to me by my GP and that the GP has sole discretion to withhold all or any copies.

Signed Patient: _____ Date: _____

Accepted by Doctor: _____ Date: _____

Office Use Only:

Copy Frequency	
Specific Copy Exclusions	
Specific Copy Inclusions	

Contact Points

RESOURCE	CONTACT NUMBER / DETAILS
Carers Line (www.carersuk.org)	0808 808 7777
Princess Royal Trust for Carers (www.carers.org)	London: 0844 800 4361 Glasgow: 0141 221 5066 Cardiff: 0292 022 1788
<u>LOCAL SERVICES:</u>	
Community Nursing Services	
Occupational Therapy	Tel: 020 7641 6278
Falls Prevention Service	P: 020 7641 4001 E: CLCHT.wrehab@nhs.net
Social Services	http://www.westminster.gov.uk/services/healthandsocialcare/adultservices/carers/carers-booklet/ Tel: 020 7641 1175
Red Cross Home Care Services	Next Steps Service, Discharge Team Acrow West, St Mary's Hospital Praed Street, Paddington, London Tel: 07432 739066
Women's Royal Voluntary Service (WRVS)	Tel: 0845 600 5885 Email: londonhub@wrvs.org.uk
Local Carer's organisation	http://www.carers-network.co.uk/ Tel: 020 8960 3033
Community Matron	Angie Gill Mob: 07775 030 431
Respite Providers	
Local Carer Charities	
Source of Carer Literature for Display	