

**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 Devon Carers, which is an organisation providing relevant information and advice, local support services, newsletter and telephone linkline for carers.

Devon Carers offer a full Carers Health and Wellbeing Check. Please indicate below if you would like one of these. These appointments should take approximately one hour.

Date form completed: \_\_\_\_\_

**YOUR DETAILS:**

Name	
Date Of Birth	
Address	
Post Code	
Telephone Number	
Any relevant information	
Are you the main carer?	

**DETAILS OF THE PERSON YOU LOOK AFTER:**

Name	
Date Of Birth	
Address (If Different From Above)	
Post Code	
Telephone Number (If Different From Above)	
Relationship to carer	
GP Details (If Different From Your Own)	
Next of Kin	
Emergency contact	

Please pass my details to Devon Carers and ask them to contact me to arrange a Carers Health and Wellbeing Check. This check will help you identify any areas where, as a carer you may require support and enable you to access appropriate services.

Signed ..... Dated .....