

“We put your details on our computer, we do not share your details with anyone else without your permission, however we are required for statistical purposes to share limited/anonymised information with County Hall and the Primary Care Trust.”

**HAS THE CARER CONSENTED TO THEIR DATA BEING ON THE COMPUTER? YES/NO**

**NAME OF CARER**.....

**ADDRESS**.....

**POSTCODE** ..... **TEL.(Home)** ..... **(Mobile/ Work)**.....

**DATE OF BIRTH** ..... **Email**.....

**SURGERY/DOCTOR**..... **ETHNICITY**.....

Your GP Surgery is required to hold a Carers Register; many are working towards an Investors in Carers Award. Have you advised your Surgery you are a Carer? **YES/NO** If NOT we would encourage you to let them know.

**DO YOU HAVE ANY HEALTH DIFFICULTIES?** .....

**HAVE YOU HAD/BEEEN OFFERED A CARERS ASSESSMENT? YES/NO** .....

**RELATIONSHIP TO PERSON BEING CARED FOR** .....

**PERSON BEING CARED FOR**.....

**ADDRESS** .....

**POSTCODE**..... **TEL**..... **DATE OF BIRTH**.....

**ILLNESS/DISABILITY OF CARED FOR**.....

**SURGERY/DOCTOR**..... **SCHOOL (under 19's)**.....

**INFORMATION**.....

**Referred by**..... **Tel No**..... **Date**.....

(Source of Information.....)

**Referral taken by**..... **Date**.....

**ACTION TAKEN**.....