**Referral Form – Request for a Carers Assessment**

**Details of Referring Agency**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person making contact: |  | Email address: |  |
| Agency Name: |  | Date of request: |  |
| Contact telephone number: |  |

**Consent:**

Please confirm that the client has agreed to the following:

YES / NO given consent for this referral to be made to the Carers Partnership.

**Please fill in ALL Boxes**.

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| --- |
| **CARERS DETAILS** |
| Surname |  |
| Forenames |  |
| Address |  |
| Postcode |  |
| Date of Birth |  | Gender | \* Male / Female / Other / Prefer not to say |
| Contact Phone No(s) |  | Ethnic Group | \* Prefer not to say  |
| Can we leave a voicemail?  | Y/N | Can we send a text message?  | Y/N |
| Email Address |  |
| Alternative contact (family/friend) |  | Alternative contact phone number |  |
| Marital Status |  | Employed | Y/N |
| Registered with their GP as a Carer? | Y/N | Advised Carer to register with their GP | Y/N |
| GP Surgery |  |
| Carer Disability/ConditionComplete if carer has a disability. health or mental health condition  |  |
| How many hours of care do they provide a week? | \*1-7 / 8-14 / 15-21 / 22-28 / 29-35 / 36-42 / 43-49 / 50+ |
| Does the Carer have any access needs? | Physical Access needs Y/N Language Y/N |
| **CARED FOR PERSONS DETAILS** |
| Surname |  |
| Forenames |  |
| Address |  |
| Postcode |  |
| Illness / Disability (please include **ALL** conditions ) |  |
| GP Surgery |   |
| Relationship to Carer |  |
| Gender | **\*** Male / Female/ Other / Prefer not to say | Ethnic Group | **\***Prefer not to say |
| Date of Birth |  |
| Is there any reason that we cannot make a home visit if we need to? |  |
| **PRIMARY SUPPORT NEEDS OF THE CARED FOR PERSON** |
|  |
| **REASON FOR REFERRAL** (include any actions already taken by your agency) |
|  |
| **ARE ANY OTHER AGENCIES INVOLVED WITH THIS FAMILY?** (Including other voluntary sector orgs.) |
|  |

**Please return this form to the appropriate agency as per below:**

**Caring for a child or adult with a Learning Disability and or Autism in Reading?**

**Reading Mencap**, Information & Advice and Carers Assessments **Tel:**0118 926 3600: **Email:**carers@readingmencap.org.uk **Website:** www.readingmencap.org.uk

**Caring for someone 50+ years in Reading?**

**Age UK Reading,** Information & Advice and Carers Assessments **Tel:**07716 418 941: **Email:**carers@ageukreading.org.uk **Website:**[www.ageuk.org.uk/reading/](http://www.ageuk.org.uk/reading/)

**For all other carers in Reading:**

**CommuniCare**: Information & Advice and Carers Assessments **Tel:**0118 926 3941: **Email:**office@communicare.org.uk **Website:**[www.communicare.org.uk](http://www.communicare.org.uk/)