# Forest House Surgery

***If you’re a Carer who helps and supports someone who can’t manage on their own, we want to ensure YOU get all the support YOU need.***

To be able to do this, we need to know certain facts about your caring situation, as listed in the form below.

Please complete this form and hand it to our Receptionist.

If you are agreeable, we will pass your details to **First Contact Plus**, which is a service run by Leicestershire County Council.

There is no charge for this service, and it’s your chance to discuss your role as a Carer and what help you may need to:

* Support you as a Carer,
* Maintain your own health
* Balance caring with other aspects of your life, like work and family, looking at both your current and future needs.

It’s NOT about judging the way you are caring for someone.

**First Contact Plus** may provide services to help you in your caring role or to maintain your own health and well-being.

**Forest House 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) |  | | |

If you are agreeable, we will pass your details to **First Contact Plus**, which is a service run by Leicestershire County Council.

Please tick the box below

Please pass my details to **First Contact Plus**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please complete this form and hand it to one of our Receptionists.***

***Thank you for completing this form***