# Claremont Clinic

***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 overleaf.

Please complete this form and either hand it to our Receptionist or place it in the special “Carers Referrals” box in Reception.

If you are agreeable, we will pass your details to the Carers Service, a countywide organisation providing relevant information and advice, local support services, newsletter and telephone linkline for carers.

With your permission, we will also refer you to have your needs assessed by Adult Care Services. This is called a Carers’ Needs Assessment.

There is no charge for this, 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, nor should social services assume that you wish to become, or carry on being, a carer.

As a result of completing the Assessment, the local authority may provide services to help you in your caring role or to maintain your own health and well-being.

It can also look at the needs of the person you care for. This could be done separately, or together, depending on the situation.

# Claremont Clinic

# 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 our Receptionist or place it in the special “Carers Referrals” box in Reception.***

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

***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.***

We are trying to identify as many Carers as we can, particularly those people who may be looking after a member of their family or helping a friend or neighbour with day to day tasks, don’t really regard themselves as a Carer and are undertaking this vital activity without help or support.

Although extremely valuable and important, Caring for someone can mean being in demand round the clock and lead to a feeling of isolation, which is why we want Carers to receive all the support and information we can give, on topics such as benefit entitlement, access to respite care or maybe simply to provide a kindly ear when things get too much.

If you are caring for someone, we really would like you to let us know, so that we can ensure our records are up-to-date and, if you are agreeable, pass your details to the Carers Service, a countywide organisation providing relevant information and advice, local support services, newsletter and telephone linkline for carers.

We will offer you a self-referral to have your needs assessed by Adult Care Services. This is called a Carers’ Needs Assessment. There is no charge for this, 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, nor should social services assume that you wish to become, or carry on being, a carer. As a result of completing the Assessment, the local authority may provide services to help you in your caring role or to maintain your own health and well-being. It can also look at the needs of the person you care for. This could be done separately, or together, depending on the situation.

If you are a Carer, please do spend a couple of minutes to complete the attached form and then return it to the Practice – either hand it in to our Receptionist or place it in the special “Carers Referrals” box in Reception.

We look forward to hearing from you

Claremont Clinic

***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.***

***We are trying to identify & support as many Carers as we can.***

Particularly those people who may be looking after a member of their family or helping a friend or neighbour with day to day tasks, don’t really regard themselves as a Carer and are undertaking this vital activity without help or support.

If you are caring for someone, we really would like you to let us know, so that we can ensure you receive all the support and information we can give, on topics such as benefit entitlement, access to respite care or maybe simply being there to provide a kindly ear when things get too much.

**If you are a Carer,**

**please ask our Receptionist**

**for a Carer’s Identification and Referral Form.**

**-**

***Please complete this form and***

***then either hand it to our Receptionist or***

***place it in the special “Carers Referrals” box in Reception.***

**Claremont Clinic**

## 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: Claremont Clinic

I give permission for my Carer, ……………………………………………….., to have access to my personal details and medical records held by the Practice.

**Delete those which are NOT applicable:**

|  |
| --- |
| *This permission relates to all my records.* |

|  |
| --- |
| *The permission relates to part of my records.* |
| Please specify the parts of the record to which access is allowed and any areas which are specifically excluded. |  |

|  |
| --- |
| *This permission relates to a specific condition.* |
| Please specify the condition. |  |

|  |
| --- |
| *The permission relates to my Carer receiving copies of all correspondence relating to my treatment.* |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Contact Points

|  |  |
| --- | --- |
| **LOCAL SERVICES & RESOURCES:** | **CONTACT NUMBER / DETAILS** |
| Newham Carers Network  The Renewal Programme@397  395 High Street North  Manor Park  London  E12 6PG | Tel: 020 8519 0800  [info@newhamcarers.org.uk](mailto:info@newhamcarers.org.uk)  [www.nehamcarers.org.uk](http://www.nehamcarers.org.uk)  www.facebook.com/NewhamCarersNetwork |
| Carers Support  Adult Social Care Team  Social Services  Falls Prevention Service  Occupational Therapy  Respite Providers | Newham Council  Tel: 020 8430 2000  [www.newham.gov.uk](http://www.newham.gov.uk)  London Borough of Newham Newham Dockside 1000 Dockside Road London E16 2QU |
| National Family Carer Network | Community Involvement Team  London Borough of Newham  Adult LD Team Eastside  Newham Dockside  London  London  E16 2QU    Telephone: 07960670994  Email: emma.winterford@newham.gov.uk  Website: http://www.clickstart.org.uk/ |