



Compass House

Medical Centres

All correspondence to: King Street Brixham, Devon, TQ5 9TF
Branch site: 2 Langdon Lane, Galmpton, Devon, TQ50PG

Dear Carer,

Do you provide support to a partner, relative, friend or neighbour who couldn't cope without your help? This could be due to old age, frailty, disability, a serious health condition, mental ill health or substance misuse. If the answer is yes, you are an Carer.

Many carers do not identify themselves as a carer. Instead, they see themselves as someone's partner, relative or friend who is simply 'doing their best' to help someone.

We feel that caring for someone is an important and valuable role in the community, which is often a 24-hour job that can be very demanding and isolating for the carer. We further believe carers should receive appropriate support by way of access to accurate information on a range of topics such as entitlement to benefits and respite care and not least, a listening ear when things get too much.

A Carer's Assessment is a chance to talk about your needs as a carer and the possible ways help could be given. It also looks at the needs of the person you care for. There is no charge for an assessment.

If you are a carer, this is an opportunity to let the Practice know so that we can update our records and pass on your details to the Carer Support Worker who can provide relevant information and advice, local support services.

Please complete the attached sheet only if you are a carer and return it to the surgery.

We look forward to hearing from you.

Yours sincerely

Sarah

Carer Support Worker
Compass House Medical Centres



Compass House

Medical Centres

All correspondence to: King Street Brixham, Devon, TQ5 9TF
Branch site: 2 Langdon Lane, Galmpton, Devon, TQ50PG

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.

These details, with your consent, will also be passed to the Surgery's Carer Support Worker. She can arrange to have your needs assessed. There is no charge for an assessment.

YOUR DETAILS:

Name	
Date Of Birth	
Address	
Post Code	
Telephone Number	
Any relevant information	

DETAILS OF THE PERSON YOU LOOK AFTER:

Name	
Date Of Birth	
Address (If Different From Above)	
Post Code	
Telephone Number (If Different From Above)	
GP Details (If Different From Your Own)	

Please refer me to the Surgery's Carer Support Worker. [EMIS NO: _____ office use only]



Compass House Medical Centres

All correspondence to: King Street Brixham, Devon, TQ5 9TF
Branch site: 2 Langdon Lane, Galmpton, Devon, TQ50PG

AGREEMENT FOR A CARER TO HAVE ACCESS TO A PATIENT'S PERSONAL DETAILS and/or COPIES OF CORRESPONDENCE

Patient's Name	
Patient's Address	

To: Compass House Medical Centres

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

This permission relates to all / part of my record / specific condition only (*delete as appropriate*).

Where the permission is restricted to part of the record only, please specify below the precise limits of this permission, and any areas of the record which are excluded.

I understand that the doctor may override this authority at any time, and that this permission will remain in force until cancelled by me in writing.

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 _____

Office Use Only:

Copy Frequency	
Specific Copy Exclusions	
Specific Copy Inclusions	



Compass House

Medical Centres

All correspondence to: King Street Brixham, Devon, TQ5 9TF

Branch site: 2 Langdon Lane, Galmpton, Devon, TQ50PG

CONTACT POINTS

RESOURCE	CONTACT NUMBER
Carers Line www.carersuk.org	0808 8087777
Torbay and South Devon Care Trust www.torbaycaretrust.nhs.uk/ourservices/carers_support www.torbaycaretrust.nhs.uk	01803 219700
Torbay Carers Forum www.torbaycarersforum.co.uk	
NHS Choices www.nhs.uk/carersdirect/pages/CarersDirectHome.aspx	
Signpost for Carers Email: signposts@nhs.net	01803 666620
Health and Adult Social Care	01803 219700
Brixham Does Care	01803 857727
Devon Carers	03456 434435
Carers Aid Torbay	01803 323510
National Dementia Helpline	0300 222112
The Carents room	carents.co.uk
Torbay Young Carers (Under 18's)	01803 208657
Torbay Young Adults Carers (18-25)	01803 852421

Thank you for completing this form