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| **DERBYSHIRE CARERS REGISTRATION (please HIGHLIGHT/CIRCLE)**SELF REFERRAL TELEPHONE STAND/GROUP/TALK PROFESSIONAL OTHER:­­­­­­­­ |
| **Name of referrer (if applicable):** **Tel:****Email:****Organisation/Role:*****\*All Adult Social Care Referrals should be processed via Mosaic. Please do not use this form. Any queries please contact the carer liaison worker within DCC or call 01773 833833*** |
| Name |  | Date of Referral |  |
| AddressPostcode |  | Home PhoneMobile  |  |
| Email |
| Date of Birth |  | Gender |  |
| Age |  | Ethnicity |  |
| Marital Status |  | Language Spoken(state preferred language) |  |
| Dependants |  |
| GP Surgery and Telephone number |  |
| Is the Carer already a member to DCA? YES/NO  |
| Length of time as a Carer? |
| Has the Carer ever had a Carers Assessment? YES/NO  |
| **Details of the Cared For** |
|  | Name | Diagnosis/health condition | Relationship to Carer | DOB & Age | Address | GP Surgery  |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| **Permission given by carer to be contacted by a support worker to discuss their caring role and be added to our database YES/NO** |
| Are there any risks identified we should know? (ie animals in property, no lone workers, client hard of hearing, sensitivity towards cared for, etc) |
| On a scale of 1-5 how stressed or anxious are you/is the carer about the caring situation?Struggling to cope Coping well  1 2 3 4 5How is health impacted by caring? |
| Are social care, other agencies or wider family/friends supporting?  |
| What support would improve the caring situation? |

**Derbyshire Carers Association, 3 Park Road, Ripley, Derbyshire, DE53EF. Tel: 01773 833833 or Email:** Derbyshire.carers@nhs.net SDERCCG.DerbyCityandCountyCarerReferrals@nhs.net