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**Dr David I Matthewson (GMC 3493953) Racecourse Road Medical Group**

**Dr Aileen Good (GMC 6128602) 3 Racecourse Road Dr Peter Paton (GMC 6026511) AYR KA7 2DF**

**Dr Carolyn Adams(GMC 4706568) Telephone No: 01292 Tel No: 01292 886622**

**Dr Calum Dobbie (GMC 3589333) Fax No: 01292 269774**

**Dr Vanessa Young (GMC 7036969) Website:** [**www.rrmg.co.uk**](http://www.rrmg.co.uk)

**Dr Lee-Anne Haddow (GMC 6077811)**

# 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 return it to the Practice either by email, by post or hand it in to reception.

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

# 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 tick if you wish us to pass your details to the Local Carers Organisation▫

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

**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: *[Insert Practice name]*

I give permission for my Carer [*Insert Carer Name*] 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 |  |

**CONTACT POINTS**

|  |  |
| --- | --- |
| **RESOURCE** | **CONTACT NUMBER** |
| Carers UKwww.carersuk.org | **0808 8087777** |
| Princess Royal Trust for Carerswww.carercentre.com | **01264835246** |
| Community Nursing Service | **01292 513876** |
| Occupational Therapy | **01292 281993** |
| Social Services | **01292 610225** |
| Women’s Royal Voluntary Service (WRVS) | **0141 8889 7645** |
| Local Carer’s organisation[www.southayrshire.carers@unity-enterprise.com](http://www.southayrshire.carers@unity-enterprise.com) | **01292 263000** |
| Social Work DepartmentOvermills Day Care2a Westwood AvenueAYR KA8 0QZ | **01292 281993** |