

**Do you help and support
someone who cannot manage
on their own?**

**We want to ensure you get all
the support you need as
a Carer.**

**We are trying to identify and 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. We know that people undertaking this vital activity without help or support, do not often regard themselves as a Carer.

If you are caring for someone, we really would like you to let us know, so that we can help you receive all the support and information you need.

**If you are a Carer, please complete the form
overleaf and hand it to a Receptionist.**

Brampton Medical Practice

Carer's Identification and Referral Form

Your Details:

Name		
Address		Date of Birth
		Home Phone
Post Code		Mobile Phone
Are you the main person providing care?		
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)		
What is your relationship to this person?		

- Please pass my details to Carer Support Carlisle & Eden (<https://carlisle-eden-carers.org.uk/> or call 01228 580214)

Signed: _____

Please hand your completed form to our Receptionist

One of our Care Coordinators will contact you in due course to discuss the support available to you, and complete your referral to Carer Support Carlisle & Eden where requested.