

Bridgnorth Medical Practice

Northgate Health Centre, Northgate, Bridgnorth, Shropshire, WV16 4EN
Tel: 01746 767121 Fax: 01746 765433
Email: bridgnorth.medicalpractice@nhs.net
www.bridgnorthmedicalpractice.co.uk



Do you look after someone who is ill, frail, disabled or mentally ill?

We are interested in identifying carers, especially those people who may be caring without help or support. We know that carers are often “hidden” looking after a family member or helping a friend or neighbour with day to day tasks and may not see themselves as a carer.

We feel that caring for someone is an important and valuable role in the community. It could be a 24-hour job or a few hours now and then. Whatever the circumstances, it can be a very demanding and isolating situation for the carer. We also feel that carers should receive appropriate support by way of access to accurate information on a range of topics such as entitlement to benefits, respite care, and not least, a listening ear when things get too much.

As a carer, you are entitled to have your needs assessed by Adult Care Services. 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. This could be done separately, or together, depending on the situation. There is no charge for an assessment.

***We would like to support you in your role as a carer.
So that we can do this, it would be helpful if you could complete
the enclosed form and hand it in to reception.***

You may also wish to ask the person you look after to complete the enclosed form

‘Consent for Sharing Information’

You will also need to sign the form, it is essential we have this should you need to contact the practice on their behalf.

Useful Contacts

<u>Resource</u>	<u>Description</u>	<u>Contact Number</u>
Community and Care Co-ordinator Zoe Clarke Bridgnorth Medical Practice	Information and Advice	01746 767121
<u>Carers’ Organisations in Shropshire</u> Carers’ Support Service http://www.shropshire-rcc.org.uk/carers	1 st point of contact Shropshire Information advice & support.	01743 341995
Carers’ Line www.carersuk.org	1st point of contact Nationwide	08088 087777
<u>Social Services Shropshire</u> Adult Social Care http://shropshire.gov.uk/adult-social-care/	Carers Assessment and Emergency Respite in Shropshire	03456 789044

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Are you in need of support?

Have you just come out of hospital?

Are you a carer for someone?

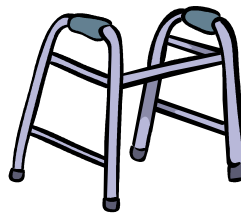
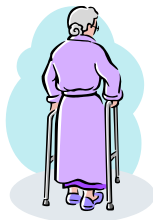
Do you know someone who needs help?

Are you lonely or struggling to cope?

If you need help or advice we can signpost you to
someone who can help

Contact Zoe Clarke
Community and Care Co-ordinator
at
Bridgnorth Medical Practice
on
01746 767121 option 4 and then option 3
or
ask your GP or Nurse
or
enquire at reception

Day Centres / Residential Care
Respite Care / Home Care /
Personal Care /
Equipment / Transport /
Support for you as a Carer /
Support for independent living /
Someone to talk to
and much more ...



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CARERS IDENTIFICATION AND REFERRAL FORM **(To be retained by practice when completed)**

DETAILS OF CARER:

Name	
Date Of Birth	
Address	
Postcode	
Daytime tel number	
GP name & practice	
Relationship to patient	
Signature of Carer	I agree to my records being updated stating I am a carer of the person named below. Date:

DETAILS OF THE PERSON BEING CARED FOR:

Name	
Date Of Birth	
Address (If different from above)	
Postcode	
Telephone Number (If Different From Above)	
GP name & practice	
Signature of person being cared for	I agree to my records being updated stating that the above named person cares for me. Date:

- I do not require any Carer's support at this time.
- I would like the Community & Care Co-ordinator to call me.
- Please pass my details to the Carers Service.
- Please refer me to Adult Care Services for a Carer's Assessment

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CONSENT FORM FOR SHARING INFORMATION

Patient's Name: _____ Date of Birth: _____

Home Address: _____

Nominated Person (name of person who can share information):

I give permission for (insert full name) _____

Date of birth _____

Address _____

Telephone _____

- to have access to my medical records
- to have access to personal details held by the Practice
- to discuss my medical condition(s) and treatment
- to discuss my medication

(Please cross through any of the above list if you do not wish disclosure on those matters)

Please list any other information below which you **DO NOT** wish us to share with your nominated person

Please indicate what levels of permission you wish the nominated person to have if you wish to apply restrictions. Where the permission is restricted to part of the medical records please specify below the precise limits of this permission, and any areas of the record which are excluded.

I understand that this permission will remain in force until cancelled by myself in writing. A signed letter will be required to cancel this arrangement and e-mail or verbal changes to this request will not be accepted. A doctor may override this request, in the future if, in their opinion, it would be detrimental to my health to disclose information.

Signature of Nominated Person: _____

Signature of Patient: _____

Date: _____