GP Registration Form

Who is a carer?

An unpaid person who looks after a family member, relative, partner, neighbour or friend who needs help due to ill health, old age, disability, drug or alcohol misuse or who has mental health problems. You do not have to live with the person, nor do you have to be the only one who does the caring.

You may not think of yourself as a carer. Do you provide:

- Physical help?
- Help with medication?
- Personal care?
- Emotional support?

If so……

You are a carer!

You may have been caring a few months or a number of years. If you are looking after someone, you may find this a very worrying and stressful time. There is support available and you are not on your own. Caring can bring practical and emotional problems and my affect your wellbeing. Your doctor's surgery can put you in touch with people and organisations that can offer you support.

The Carers' Support Team can:

- Let you know about the help that's available to you;
- Put you in touch with other carers, who can support you through shared experiences;
- Help you to help other carers;
- Give you details of activities for carers, and meetings of the Carers' Forum;
- Update you on initiatives for carers.

For further information, please call:

The Carers' Support Team
On
01942 705983
E-mail: ssdcarers@wigan.gov.uk

Please return this to:

Freepost SWB 50006
Wigan Council, Carers Support Team,
People Directorate: Children, Adult and Families,
Hyndelle Lodge, King Street, Hindley, Wigan, WN2 3AW

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Wigan Council

Practice
Referral Form

If you would like your doctor's surgery to know that you are a carer, please fill in this form and hand it in at the surgery. Or, you can post it to the Carers' Support Team at the freepost address on the back of this form.

Your name_____

Address_____

_____Postcode_____

Phone number_____

Date of birth_____

The person I care for is:

☐ Male ☐ Female

Date of birth_____

☐ An older person
☐ A child
☐ Elderly mentally infirm person
☐ An adult with mental illness
☐ An adult with physical disabilities
☐ An adult with sensory disabilities
☐ A drug or alcohol misuser
☐ An adult with learning disabilities

Your doctors' name

_____

Surgery address_____

Phone No:_____

Where did you pick up this leaflet?

This box is for GP office use only:

Please record this information on your system.
918A for a carer, and 918F for the cared for.
Stamp and seal the card and return to the address overleaf.

For patient use only.
This practice can refer you to Carer's Support Services. If you would like them to do so, please sign and date below.

Signed_____

Date_____

I do / do not wish the above information to be added to my patient records (please delete as applicable).

Signed_____

Please note: all information received is confidential and is stored on computer.