

Looking after some- one?

...then you are a carer!



This leaflet is also available in ethnic-minority languages, on audio tape or CD and in large print. Contact us at Department of Adult Services, Customer Relations Unit, Civic Centre, Millgate, Wigan, WN1 1AZ. Phone: 01942 827173. E-mail: ssdcru@wiganmbc.gov.uk

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www.wigan.gov.uk

Department of Adult Services

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2

Carers Project Worker
Wigan Council Department of Adult Services
Carers Support Team
Hyndelle Lodge
King Street
Hindley
Wigan
WN2 3ZZ.

A carer is...

an unpaid person who provides regular and substantial care to an adult or child who is ill, frail or disabled.

Do you provide:

- physical help?
- help with medication?
- personal care?
- emotional support?

If so...

you are a carer!

Caring for someone who relies on you can sometimes bring practical and emotional problems, and may affect your health and well-being.

Your doctor's surgery can put you in touch with people and organisations that can offer you support.

Wigan and Leigh Carers Centre 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

Wigan and Leigh Carers Helpline

9.30am to 8.30pm,
Monday to Friday.



01942 606086

Doctor's 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 _____

Who are you looking after?

Their name _____

Are they:

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> a partner | <input type="checkbox"/> a relative |
| <input type="checkbox"/> a child | <input type="checkbox"/> a friend |

Do they live with you? Yes No

Are they registered at this surgery?

- Yes No

Your doctor's name _____

Surgery address _____

Phone number _____

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 doctor's practice can refer you to Carers 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.