



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 Project Worker, Wigan Council Department of Adult Services, FREEPOST SWB50006, Carers Support Team, Hyndelle Lodge, King Street, Hindley, Wigan, WN2 3ZZ.**

Your name _____

Address _____

_____ Postcode _____

Phone number _____

Who are you looking after?

Their name _____

Are they:

a child a partner a relative 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 get this form from? _____

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 the form and return to the address overleaf.

For patient use only.

Your 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 information on this form to be added to my patient records (*please delete as applicable*).

Signed _____

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