

Weedon Surgery: 57 New Croft, Weedon, Northampton NN7 4RX

Tel: 01327 340212

Greens Norton Medical Centre: Towcester Road, Greens Norton, Towcester, NN12 8BL

Tel: 01327 358287

Website: www.gnwmp.co.uk

LETTER TO ALL CARERS

Do you look after someone who is ill, frail, disabled or mentally ill? If so, you are an unpaid carer.

We are interested in identifying carers, especially those people who may be caring without help or support. We feel that caring for someone is an important and valuable role in the community, which is often a 24 hour job that can be very demanding and isolating for the carer.

As a carer, you are also entitled to have your needs assessed. A Carers 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. There is no charge for an assessment. We will refer you to have your needs assessed by Adult Care Services. Alternatively, if you would prefer to self-refer, please contact Northamptonshire Carers on **01933 677907** or carers@northamptonshire-carers.org. If you do not wish to be referred, please tick the box on the attached form.

RESOURCE	CONTACT DETAILS
Adult Care Team – Northamptonshire County Council	0300 126 1000 adultcarenc@northamptonshire.gov.uk www.northamptonshire.gov.uk/adultsocialcare
Age UK Northamptonshire	01604 611200 access@ageuknorthants.org.uk www.ageuk.org.uk/northamptonshire
Alzheimer's Society Northamptonshire	01832 736670 07947 519537 (Daventry) 07590 418333 (Towcester) Northamptonshire@alzheimers.org.uk www.alzheimers.org.uk
Northamptonshire Carers	01933 677837 (General Enquires) 01933 677907 (Carers Support Line) carers@northamptonshire-carers.org www.northamptonshire-carers.org.uk
Carers UK	020 7378 4999 info@carersuk.org www.carersuk.org/home
Citizens Advice Bureau	03444 880629 (Daventry) 01327 359565 (Towcester)
DACT (Community Transport Daventry)	01327 701665/6/7
TADD (Community Transport Towcester)	01327 810300

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CARERS IDENTIFICATION AND REFERRAL FORM

Please complete this form and either email it to gnwmpadmin@nhs.net or hand it in to reception.

YOUR DETAILS	
Full Name	
Date of Birth	
NHS Number	
Address and Postcode	
Telephone Number(s)	
Email Address	

DETAILS OF THE PERSON YOU LOOK AFTER	
Full Name	
Date of Birth	
Address and Postcode (if different from above)	
Telephone Number(s) (if different from above)	
GP Details (if different from your own)	
Reason this person requires care	

Please tick if you do not want your details to be passed to the Carers Service

Please tick if you do not want a referral to Adult Care Services for a Carers Assessment

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THIRD PARTY CONSENT FORM

To enable third party to liaise with the practice on your behalf.

PATIENT DETAILS	
Full Name	
Date of Birth	
Address	

THIRD PARTY DETAILS	
I give my consent for the following person to liaise with Greens Norton and Weedon Medical Practice on my behalf. I acknowledge that this may give them access to confidential information held on my medical records.	
Full Name	
Date of Birth	
Telephone Number(s)	
Relationship	

Patient Signature		Date	
Third Party Signature		Date	

FOR STAFF USE ONLY:

- Reminder added to patient records
 Scanned to GP

Completed by: Date: