



## **RECTORY MEADOW SURGERY**

### **CARERS IDENTIFICATION AND REFERRAL FORM**

#### **DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL, DISABLED OR MENTALLY ILL?**

If so, you are a carer and we would like to support you. Please complete this form and hand it in to reception.

With your permission we will pass your details to Carers Bucks, a registered charity providing relevant information and advice, local support services, newsletter and telephone helpline for carers.

#### **YOUR DETAILS:**

Name	
Date Of Birth	
Address	
Post Code	
Telephone Number	
Any relevant information	

#### **DETAILS OF THE PERSON YOU LOOK AFTER:**

Name	
Date Of Birth	
Address (if different from above)	
Post Code	
Telephone Number (if different from above)	
GP Details (if different from your own)	

Please pass my details to Carers Bucks.

***Thank you for completing this form***