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**PROFESSIONALS’ REFERRAL FORM**

**A carer is someone who, without payment, provides regular and substantial help and support to a friend, neighbour or relative who could not otherwise manage because of frailty, illness or disability.**

Please use this form to refer a carer for CCS services. Complete their details and the person they care for and email it to:

[referrals@camdencs.org.uk](mailto:referrals@camdencarers.org.uk) OR [camdencarers@nhs.net](mailto:camdencarers@nhs.net)

Tel: **020 7428 8950**  Secure fax no: **020 7267 5352**

|  |  |  |
| --- | --- | --- |
| **Carer or family details** |  | |
| **Name** |  | |
| **Date of birth** |  | |
| **Address** |  | |
| **Contact numbers** | **Home:**  **Mobile:** | |
| **Language spoken** |  | |
| **Interpreter needed?** | **Yes / No** | |
| **Ethnic origin** |  | |
| **Reason for referral** |  | |
| **Is the carer aware of**  **this referral?** | **Yes / No** | |
| **Cared for person’s details** |  | |
| **Name** |  | |
| **Address (if different from carer)** |  | |
| **Relationship to carer** |  | |
| **Date of birth** |  | |
| **Any other information** |  | |
| **Referrer details** |  | |
| **Name** |  | |
| **Job Title / Role** |  | |
| **Contact number** |  | |
| **Email** |  | |
| **Date of referral** |  | |
|  |  | |
| **Are there any known risks which CCS needs to be aware of when meeting this carer in the home, office or other setting?** | | **YES/NO** (delete as applicable) |
| If **YES** please provide further details:  ……………………………………………………………………………  ……………………………………………………………………………  ……………………………………………………………………………  ……………………………………………………………………………  …………………………………………………………………………… | |  |