



Referral Form

Carers Centre Newcastle, 6 Saville Place, Newcastle upon Tyne NE1 8DQ. Tel: 0191 260 3030. Fax: 0191 230 1500. Email: CarersCentreNewcastle@btconnect.com

A carer is someone who provides help and support to a relative, friend, partner, child or neighbour who has a disability, a physical or mental illness, is frail, has alcohol or drug related problems or any other illness and who cannot manage without help.

Please note that to access our services:

- the carer must currently be caring, and
- must live in Newcastle or care for someone who lives in Newcastle.
- Former carers cannot be referred to our service.

Date referred

Referred by: (self/other please specify)

Contact Details

Carer's Name

Carer's Address

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Telephone number and/or email address

Is the carer in touch with any other organizations such as Newcastle Special Needs Network, Newcastle Props, Alzheimer's Society etc? If so, please give details.

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Is the cared for person in contact with secondary Mental Health Services such as:- Psychiatry, CPN or Community Mental Health Teams? YES/NO

What issues are causing difficulties in the caring role?

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Services carer being referred for (please circle as required)

Emotional support

Counselling

Support groups

Complementary therapy

Relaxation

Other (please state)

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Diagnosis / Illness of cared for person

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Risk Assessment for Worker (Please circle)

None

Low

Medium

High

Details of risk(s):

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