Broseley Medical Practice

Health Centre, Bridgnorth Road, Broseley, Shropshire. TF12 5EL

Tel: (01952) 882854 **Fax: (01952) 883930**

Partners: Dr M Babu & Dr M Shah

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

We are interested in identifying carers, especially those people who may be caring without help or support. We know that carers are often "hidden" looking after a family member or helping a friend or neighbour with day to day tasks and may not see themselves as a carer.

We feel that caring for someone is an important and valuable role in the community. It could be a 24-hour job or a few hours now and then. Whatever the circumstances, it can be a very demanding and isolating situation for the carer. We also feel that carers should receive appropriate support by way of access to accurate information on a range of topics such as entitlement to benefits, respite care, and not least, a listening ear when things get too much.

As a Carer, you are entitled to have your needs assessed by Adult Care Services. A Carer's 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. This could be done separately, or together, depending on the situation. There is no charge for an assessment.

We would like to support you in your role as a carer. So that we can do this, it would be helpful if you could complete the enclosed form and hand it in to reception.

You may also wish to ask the person you look after to complete the enclosed form "Consent for Sharing Information". You also will need to sign the form. It is essential we have this should you need to contact the practice on their behalf.

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Contacts

Contact	What they offer	Contact details
Community and Care Co-ordinator Broseley Medical Practice	**Information & Advice**	**01952 882854**
Carers Organisations in Shropshire Carerstrust4all http://www.carerstrust4all.org.uk	**Information advice & support.**	**03333 231990**
Social Services Shropshire Adult Social Care http://shropshire.gov.uk/adult-social-care/	**Carers Assessment and Emergency Respite in Shropshire**	**0345 678 9044**
Carers Line www.carersuk.org	**1st point of contact Nationwide**	**0808 808 7777**

JUST COME OUT OF HOSPITAL? CARER FOR SOMEONE? KNOW SOMEONE WHO NEEDS HELP? LONELY OR STRUGGLING TO COPE?

If you need help or advice WE CAN SIGNPOST YOU TO SOMEONE WHO CAN HELP

Contact Helen Fair, our Community and Care Co-ordinator at Broseley Medical Practice on 01952 882854 or ASK YOUR GP OR NURSE or ENQUIRE AT RECEPTION

Day Centres Residential Care Respite Care Home Care Personal Care Equipment Transport Support for you as a Carer Support for independent living Someone to talk to and much more …

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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 to reception.

Your Details:

Name:	
Date of Birth:	
Address:	
Postcode:	
Telephone number:	
Relationship to patient	
Signature of Carer	I agree to my records being updated stating I am a Carer of the person named below. Date:

Details of the person you look after:

Name:	
Date of Birth:	
Address: (If different from above)	
Postcode:	
Telephone number:	
GP name & address	
Signature of Carer	I agree to my records being updated stating I am a Carer of the person named below. Date:

☐ Please pass my details onto Broseley Medical Practice's Care Co-ordinator, who will contact you to discuss the following Carers Service, Adult Care Services for a carers assessment.

Please note all the information above will be added to yours and the person you care for medical records if you or they are registered at the practice.

Broseley Medical Practice

Patient Consent Form

for another person to access their medical records

Patient's Details **(The person whose records another individual(s) is to be given access to)**	
Surname	
First Names	
Date of Birth	
Male / Female	
Address	
Tel No.	

I give consent to the sharing of my medical information as directed below:

Details of person to be given access to this Patient's information	
Full Name	
Address	
Signature and Date	

(if more than one person is to be given access then please list the above details for each additional person on a separate sheet of paper)

Please detail below if the above access is to be limited in any way (e.g. only for test results, or only for making & cancelling appointments, or for a specified time period only)

I confirm that I give permission for the Practice to communicate with the person identified above in regards to my medical records.	
Signature and date	

Please note if you no longer wish your nominated person to have access to your medical information, please inform the patient in writing. Once we have received your signed letter, we will remove the permissions from your record.