|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *For office use* **Key worker:**  **ID No:** | | | | | |
|  | | | | | |
| **CARER Contact Details** | | | | | |
| **Name in full** |  | **Date of Birth** | |  | |
| **Address with postcode** |  | | | | |
| **Telephone contact** |  | **Mobile No** | |  | |
| **Email address** |  | | | | |
| **GP and Surgery**  **(if known)** |  | | | | |
|  | | | | | |
| **CARER Consent** | | **YES✔** | **NO✗** | | **Don’t know** |
| Has the **CARER consented to contact** from us? | |  |  | |  |
| **Reason for referral**  **Any specific issues** |  | | | | |
|  | | | | | |
| **CARED FOR Details** | | | | | |
| **Name in full** |  | **Date of Birth** | |  | |
| **Address with postcode**  **(if different from above)** |  | | | | |
| **CARING Situation** | | | | | |
| **Relationship to CARER** |  | | | | |
| **Illness or diagnosis of CARED FOR** |  | | | | |
| **Any risk factors we should be aware of** |  | | | | |
|  | | **YES✔** | **Hospital/Ward** | | |
| **Currently in hospital?** | |  |  | | |
|  | | | | | |
| **Referred by** | | | | | |
| **Name** |  | | | | |
| **Designation** |  | | | | |
| **Organisation** |  | | | | |
| **Address** |  | | | | |
| **Telephone** |  | | | | |
| **Email** |  | **Date of submission** |  | | |
|  | | | | | |
| **Please return this referral to** | **Email to**: [admin@borderscarers.co.uk](mailto:admin@borderscarers.co.uk)  **Post to**: Borders Carers Centre, Brewerybrig, Low Buckholmside, Galashiels TD1 1RT | | | | |