



**CARERS 'SUPPORT**

Norman House

Beaver Business Park

Beaver Road, Ashford, Kent TN23 7SH

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**CONFIDENTIAL—CARERS INFORMATION FORM**

Date of Referral.....

Information sent	<input type="checkbox"/>	.....
On Database	<input type="checkbox"/>	.....

NAME OF CARER: .....

ADDRESS: .....

.....

.....

..... POST CODE .....

TEL. NO: .....

EMAIL ADDRESS: .....

DATE OF BIRTH: .....

NAME OF CARED FOR PERSON: .....

DATE OF BIRTH: .....

ADDRESS OF CARE RECEIVER: .....

*(if different)*

.....

..... POST CODE .....

RELATIONSHIP TO CARER: .....

HOW LONG HAVE YOU BEEN A CARER?.....

REASON FOR CARE:

Alzheimer's

Elderly Frail

Learning Disability

Mental Health

Physical Disability

Autistic Spectrum Disorder

Other

OTHER (please expand): .....

.....  
.....  
.....  
.....

IDENTIFIED/EXPRESSED NEEDS:

.....  
.....  
.....  
.....  
.....

FURTHER ACTION:.....

.....  
.....  
.....

SEND NEWSLETTER/INFORMATION REGULARLY? YES ..... NO .....

HOW & WHERE DID YOU HEAR ABOUT CARERS' SUPPORT?

.....  
.....

DATE OF REFERRAL .....

AGENCY: .....

Referral taken by:.....