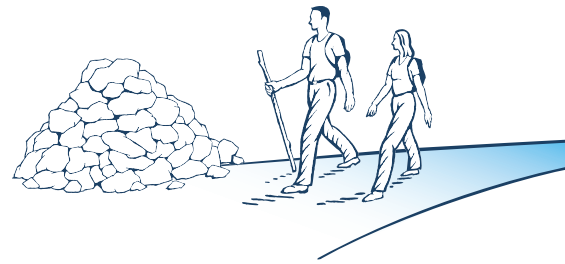


Strathcairn Medical Practice

St Andrews Community Hospital
Largo Road, St Andrews, Fife, KY16 8AR
Tel 01334 473441 Fax 01334 466508



CARERS IDENTIFICATION 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 or send it to reception. If you are agreeable, we will pass your details to Fife Carers Centre, Crossroads or North East Fife Carers Support Group (for those caring for someone with mental illness).

You are entitled to ask Social Work for an assessment of your needs. With your permission we will refer you to have your needs assessed. The 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. There is no charge for this assessment.

1) Your details

Name _____ Date of birth _____
Address _____ Telephone _____

Any relevant information _____

Postcode _____

2) Details of the person you look after (Complete the details that are different to above)

Name _____ Date of birth _____
Address _____ Telephone _____

GP details _____

Postcode _____

3) Passing on your details

Please pass my details to Fife Carers Centre

Please pass my details to North East Fife Carers Support Group

Please pass my details to Crossroads