INITIAL REFERRAL FORM - ADULTS

01723 850155 01723 850155

- E-mail as an attachment to staff@carersresource.net or Post to Scarborough and Ryedale Carers Resource, 96 High Street, Snainton Scarborough, YO13 9AJ Telephone for enquiries: 01723 850155

| REFERRER DETAILS: | | | |
|--|-------------------|--|--|
| Name: | | | |
| Organisation: | Date of Referral: | | Consent gained from client for this referral & for SRCR to contact the client: |
| Job Title: | | | YES |
| Phone no: Email: | | | |
| CLIENT DETAILS: | | | |
| Name: | | Address; | |
| Date of Birth: | | Phone no: | |
| Ethnic Origin: | | Email: | |
| GP Surgery: | | Any Health Conditions: | |
| Any additional information relevant to us making contact with client: | | | |
| IMPORTANT: Any Safeguarding / risk / other concerns you feel we should be aware of before visiting at home? | | | |
| Details of Service Required - Please tick service required | | | |
| Carers Support (18 + yrs old) (Any referrals for Young Carers 8–17 yrs old please complete our Under 18s Referral Form) | | An unpaid family carer is someone who looks after a member of their family or a friend who is ill, frail or disabled; this includes mental health & substance misuse. We look at reducing the impact of care - we cannot take away the caring responsibilities or provide personal care, but we can work with the carer to improve their well-being & help to reduce the pressure/challenges of their caring role. | |
| My Neighbourhood (Ioneliness & isolation) | | My Neighbourhood service is designed to offer individual support, to reduce the impact of isolation & loneliness by helping individuals to re/engage in their local community &/or find ways to improve their mental, social & physical well-being. | |
| Home from Hospital (discharge to 10day tolerance) | | Home from Hospital Service supports adults discharged from hospital who need a little additional support to make a confident & comfortable return home. The support offered is very practical & can work alongside other care packages. | |
| Please explain the client's current situation, what you require from Carers Resource & any relevant details regarding the client (continue on next page if necessary): | | | |
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