

Camden Carers

The Greenwood Centre

37 Greenwood Place

London

NW5 1LB

020 7428 8950

info@camdencarers.org.uk

[www.camdencs.org.uk](http://www.camdencs.org.uk)

**PROFESSIONALS’ REFERRAL FORM**

A carer is someone who, without payment, provides regular and substantial help and support to a friend, neighbour or relative who could not otherwise manage because of frailty, illness or disability.

Please use this form to refer a carer for CCS services. Complete their details and the person they care for and email it to:

referrals@camdencs.org.uk OR camdencarers@nhs.net

Tel:   **020 7428 8950**

|  |  |
| --- | --- |
| **Carer or family details** |   |
| **Name**   |   |
| **Date of birth**  |   |
| **Gender** |  |
| **Email address**  |   |
| **Address**    |   |
| **Contact numbers**  |   |
| **Language spoken**  |   |
| **Interpreter needed?**  |   |
| **Ethnic origin**  |   |
| **Sexuality** |  |
| **Reason for referral**       |   |
| **Is the carer aware of this referral?**  |   |
| **Cared for person’s details**  |   |
| **Name**  |   |
| **Address (if different from carer)**  |   |
| **Relationship to carer**   |   |
| **Date of birth**  |   |
| **Any other information**    |   |
| **Referrer details**  |   |
| **Name**  |   |
| **Job Title / Role**  |   |
| **Contact number**  |   |
| **Email**  |   |
| **Date of referral**  |   |
|   |   |
| **Are there any known risks which CCS needs to be aware of when meeting this carer in the home, office or other setting?**  | **YES/NO** (delete as applicable)   |
| If **YES** please provide further details:  ……………………………………………………………………………  ……………………………………………………………………………  ……………………………………………………………………………   ……………………………………………………………………………  ……………………………………………………………………………   |   |

