

Camden Carers

The Greenwood Centre

37 Greenwood Place

London

NW5 1LB

020 7428 8950

[info@camdencarers.org.uk](mailto: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](mailto:referrals@camdencarers.org.uk) OR [camdencarers@nhs.net](mailto: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:    ……………………………………………………………………………    ……………………………………………………………………………    ……………………………………………………………………………    ……………………………………………………………………………    …………………………………………………………………………… | |  |

