

Linden Medical Group

Linden Medical Centre, 54 Linden Avenue, Kettering, NN15 7NX
Tel: 01536 481734

www.lindenmedical.co.uk

 www.facebook.com/lindenmedicalgroup

Young Carers Identification and Referral Form

Are you aged 5yrs - 17yrs and helping to look after a family member, friend or neighbour because of their physical, mental ill health, frailty, learning disability or substance misuse?

YOUR DETAILS:	
First Name:	Last Name:
Date of Birth:	
Address:	Post Code:
Tel. No:	Mobile phone no:
E-mail:	
GP Practice where you are registered:	
School/College:	Full /Part time Education:
Is your family aware of this referral?	Yes/No
Can your family be contacted?	Yes/No
Name of parent or carer to contact on behalf of young person:	

Any referral of a young person under 18yrs needs to have the permission of the Parent/Guardian. Parent/Guardian to complete this section.

Name of Parent/Guardian:	Signed Parent/Guardian: (I give permission for referral)
--------------------------	---

DETAILS OF THE PERSON YOU LOOK AFTER:
Name:
Date of Birth:
Address & Postcode: (If different from above)
Contact Telephone No: (If different from above)
Relationship to me:
Details of medical condition and details of the care that you provide:
Details of the GP practice where the person you care for is registered:

We will refer you to the Carers Service for further information and support.
Please tick if you do NOT wish to be referred.

*The Carer's service is a countrywide organisation offering support to carers and young carers by providing useful information, support and advice such as free carers sitting service, free gym sessions and social activities/games

Please complete this form and hand it to our receptionist.

Thank you for completing this form