

SANDWELL CARERS SERVICE

G.P. REFERRAL FORM FOR M.H. / L.D. / CAMHS REQUEST FOR CARERS ASSESSMENT

GP NAME		DATE OF REFERRAL
SURGERY ADDRESS		
SURGERY TELEPHONE NO		
ABOUT THE CARER		
CARER NAME		
CARER ADDRESS		
CARER DATE OF BIRTH		
CARER TELEPHONE NO		
ABOUT THE PATIENT		
PATIENT NAME		
PATIENT ADDRESS		
PATIENT DATE OF BIRTH		
PATIENT NHS NO		
MENTAL HEALTH	LEARNING DISABILITY	CAMHS
REASON FOR REFERRAL		
PSYCHO-EDUCATION	ANXIETY / CBT	CARING FOR CARERS
PEER GROUP	ADVOCACY	* OTHER
*(If OTHER, please state reason)		
MISC		
RISKS KNOWN		
OTHER RELEVANT INFORMATION		

**** N.B. The Carer MUST be caring for a patient currently in receipt of services from M.H. / L.D / CAMHS (BCPFT) ****

Complete the form electronically using Adobe Acrobat Reader, save it and email using the secure NHS Mail service only to bcpft.carersmentalhealth@nhs.net or print, complete and return to the address below.

SANDWELL CARERS SERVICE - BRISTNALL HALL ROAD - OLDBURY - B68 9TX - TEL : 0121 612 6000