



**Relationship to cared for:**

Partner            Parent            Child  
Friend            Neighbour

Other.....

Disability/illness of cared for.....  
.....  
.....

Have you had a carer's assessment?

Yes                                  No

I am happy for this information to be recorded

Yes                                  No

Please return the completed form to your GP Surgery. Thankyou

Signed.....

**Useful numbers and email addresses**

**Derbyshire Carers Transition Team  
01246 222373 ext 3**

**transition@derbyshirecarers.co.uk**

**Call Derbyshire 08456 058058**

**Derbyshire Carers Association  
Head Office 01773 743355**

**If you have difficulty in reading or understanding the leaflet then please contact the Transition Team, it can then be made available to you in a different format, or a member of the team can go through it with you.**

*Derbyshire Carers Association processes personal information in accordance with the Data Protection Act.*



**Do you care for someone?**

**We are here to support you**





## Do you care?

There are over 110,000 carers in Derbyshire. Many are isolated, stressed and suffering from financial hardship.

A carer's health is of real importance as it will affect the health and well-being of the cared for.

If you look after your husband, wife, partner, child, elderly parents, someone with mental health problems or your friend or neighbour.

**THEN YOU ARE A CARER**



## Tell your GP

GP's need to know you are a carer in order to support you and offer advice and information to help while you are looking after someone.

Early support can help prevent some health problems developing and certainly help deal with isolation and stress factors. Caring can be a rewarding experience, but your health is important too.

You may be entitled to support through Social Care. Contact them through Call Derbyshire or contact the Derbyshire Carers Association for information on carers assessments and how to obtain an emergency card.



### Your details:

Name.....

Address.....

.....

..... Post Code.....

Tel No.....

Date of Birth.....

Name of GP.....

Name of your surgery.....

I care for:.

Name.....

Date of Birth.....

Address.....

.....

..... Post Code.....

Continued overleaf..