

Carers Checklist

This information will be used only to identify and support carers in accordance with national and local carer strategy and policy.

Patient information label here:
If no label, please complete this section:

Patient's name: _____ Mr/Mrs/Ms/Other: _____
Date of birth: _____ Hosp no.: _____

Has a carer or /carers been identified? Yes No

If yes, how many? **Please use a separate sheet for each carer identified.**

Carer's Name: _____ Mr/Mrs/Ms/Other: _____

House Name or Number: _____ Street: _____

Town: _____ Post code: _____

Daytime Tel No: _____ Evening Tel No: _____

If young carer identified, specialist support contacted for advice?
(with parent or guardian consent) Yes No

Information sheet given to carer? Yes

Information pack given to carer? Yes

Carer referred to Carer Lead? Yes

Separate meeting between named nurse and carer requested? Yes

Carer referred to carer agency?
(Swindon Carers Centre or Carers Support North Wilts) Yes

Carer's assessment completed? Yes No

Carer's plan in place? Yes No

Copy of the CPA given to carer? Yes Patient refused

Emergency contacts given to carer? Yes

Hand over of carer to Community Staff? Yes Not appropriate

Referral for Family Work? Yes Not appropriate

Signed: _____ Date: _____