

Your local pharmacy team contact details



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www.carers.org

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Are you looking after
someone who can't
get by without
your help?

Find out if you're
missing out on benefits
and services...
with a little help from
your local pharmacy

“I'd been looking after Dad for
years before I found out I could
be getting help as his carer.”

Mrs D, Rotherham

Introducing our new referral service for people who look after someone

Did you know that if you look after a partner, relative, friend or neighbour who can't get by on their own (due to illness, frailty, disability, mental ill health or addiction), you're considered to be a carer? And that as a carer, there are services in your local area that could make life easier for you?

To find out more, all you have to do is fill in the short Carer Referral Form in this leaflet and hand it in to a member of our pharmacy team. We will then:

- ✓ Refer you to your local carers service for a free information pack with details of the services that they could offer you, from benefits advice to taking a break from caring.
- ✓ Ask them to telephone you, if you'd find it helpful to talk to someone.
- ✓ Ask your GP practice to make a note on your medical records that you're a carer so that they can support you too.
- ✓ Explain how your local pharmacy can support you as well.

“My wife was on so many different tablets, I'd lost track of what they were for. After the pharmacist went through everything with us it was all so much clearer.”

Mr W, Brighton

Carer Referral Form

Fill in this form and hand it in to a member of our pharmacy team today if you would like support from your GP practice, local carers service or pharmacist.

Title First name

Last name

Date of birth

Address

Postcode Tel

Let us know how we can help you (tick as many as you like)

- Please pass my details to my local carers service so they can send me a free information pack
- Please pass my details to my local carers service so they can give me a telephone call to discuss how they might be able to help me
- Please let me know how, as my local pharmacy, you can help me as a carer
- Please pass my details to my GP practice and ask them to make a note on my medical records that I'm a carer

Name and address of your GP practice

We will give this information to your local carers service or GP practice. It will not be passed on to anyone else.

Signed Date