

CARER REFERRAL FORM



INS are able to support those looking after people with neuro-conditions. We understand you may not consider yourself a “carer” but if you’re supporting someone at their home or yours, please consider completing this form so we can discuss how INS can support you.

IMPORTANT: INS WILL ONLY ACCEPT REFERRALS IF CARER HAVE GIVEN INFORMED CONSENT TO BE REFERRED TO INS				
If you are not the carer, do you have consent to refer?		<input type="checkbox"/> YES		<input type="checkbox"/> NO
<i>Please fill in ALL sections of the referral form, otherwise this referral cannot be processed</i>				
Carer information				
Last name		First name		Title
Address		Date of birth		
		Telephone number(s)		
Postcode		NHS number		
Borough		E-mail		
Emergency contact				
Last name		First name		Title
Address (if different from above)		Telephone number(s)		
		E-mail		
Relationship to person being referred		E-mail		
Health and Social Care Professionals involved				
GP's name, GP surgery & address				
Telephone number				
Care details				
Name of person you care for:		What neurological condition do they have?		

Your relationship to the person you care for (e.g. parent, spouse, friend)		Do you live with the person you are caring for?	
Number of years/months spent caring		Approximately how many hours of care do you provide a week?	
Would you like to tell us what kind of care do you currently provide?		Are you employed? If yes how many hours a week?	
Have you had a Carers Assessment from Social Services?		Are you known to your local carers centre or services?	<input type="checkbox"/> Richmond Carers Centre <input type="checkbox"/> Hestia (Hounslow) <input type="checkbox"/> My Independence Service (Hounslow) <input type="checkbox"/> Other=
Are you registered as a Carer with your GP?		Are you in receipt of Carers Allowance (under 65)?	

Reason for referral

Communication

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Safety/safeguarding

Any known safety/safeguarding issues? (i.e. considering lone visits) YES NO

If YES, please specify here.....

Charges may apply for services. For further information visit: <https://www.ins.org.uk> or contact INS.

INS may hold, process and share your information and data with other health and social care professionals such as your GP involved in your treatment.

Please see our Privacy Notice for information on how we process your data by visiting our website: <https://www.ins.org.uk/privacy-policy>

Referrer name		Organisation	
Telephone number(s)		Profession (if applicable)	
E-mail		Date sent	

*This referral contains confidential information and is intended only for INS. you should not disseminate, distribute or copy this information. Please notify admin@ins.org.uk immediately by e-mail if you have received this information by mistake and shred hard copies or delete this e-mail from your system. E-mail transmissions cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. INS therefore does not accept liability for any errors or omissions in the contents of this message, which arise as a result of e-mail transmission.
You may contact us at any time to unsubscribe from our communications.*

INS receive grants from local authorities / NHS and others. They require us to monitor the users of our services. We need to hold information about you to help us provide services. We may share this with NHS and local authorities in a way you cannot be identified. When we record and use your personal information, we only access it when we have good reason, only share what is necessary and don't sell it to commercial organisations. **Please note this part of the referral is not mandatory and you should only complete the next section if you are the person being referred.**

Please tick the relevant answers below:

<p>Your age group:</p> <p><input type="checkbox"/> 18-24 <input type="checkbox"/> 25-40 <input type="checkbox"/> 40-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75-84 <input type="checkbox"/> 85+ <input type="checkbox"/> Rather not say</p>	<p>Your gender:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Rather not say</p>
<p>Your sexuality:</p> <p><input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Other <input type="checkbox"/> Rather not say</p>	<p>Your ethnicity:</p> <p><input type="checkbox"/> Asian or Asian British: Afghan <input type="checkbox"/> Asian or Asian British: Any other background <input type="checkbox"/> Asian or Asian British: Bangladeshi <input type="checkbox"/> Asian or Asian British: Indian <input type="checkbox"/> Asian or Asian British: Pakistani <input type="checkbox"/> Black: African <input type="checkbox"/> Black: British <input type="checkbox"/> Black: Caribbean <input type="checkbox"/> Black: Other <input type="checkbox"/> Mixed: Asian/White <input type="checkbox"/> Mixed: Black African/White <input type="checkbox"/> Mixed: Black Caribbean/white <input type="checkbox"/> Mixed: Black/Asian <input type="checkbox"/> Mixed: Other <input type="checkbox"/> Other Ethnic Group: Any other ethnic group <input type="checkbox"/> Other Ethnic Group: Chinese <input type="checkbox"/> Other Ethnic Group: Japanese <input type="checkbox"/> Other Ethnic Group: Middle Eastern <input type="checkbox"/> White: Any other background <input type="checkbox"/> White: British <input type="checkbox"/> White: Eastern European <input type="checkbox"/> White: European <input type="checkbox"/> White: Gypsy/Roma <input type="checkbox"/> White: Irish <input type="checkbox"/> White: Traveller <input type="checkbox"/> Rather not say</p>
<p>Do you live alone?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rather not say</p>	<p>Do you have a Physical /Sensory Disability or Long-term condition?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rather not say</p>
<p>Your Religion:</p> <p><input type="checkbox"/> Atheist <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Sikh <input type="checkbox"/> Rather not say</p>	

If you have any questions, please contact INS at admin@ins.org.uk or telephone 020 8755 4000