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| **A blue circle with white text  Description automatically generated** | **Bristol Carers Service Referral Form** |
| **1. Carer details** |
| Name and Surname |   |
| Date of birth |  |
| Email address:  |  |
| Contact phone number/s: |   |
| Preferred method of contact: | [ ]  Text [ ]  Phone [ ]  Email [ ]  Post |
| Address & Postcode |  |
| Name of GP surgery:   |  |
| Gender:  | [ ]  Female [ ]  Male [ ]  Non-Binary [ ] Gender fluid [ ]  Other [ ]  Prefer not to say |
| Ethnicity: | **White:**[ ]  British [ ]  Irish [ ]  Other |
|  | **Asian/Asian British:**[ ]  Bangladesh [ ]  Chinese [ ]  Indian [ ]  Pakistani [ ]  Other  |
|  | **Black/Black British:** [ ]  African [ ]  Caribbean [ ]  Other |
|  | **Mixed:** [ ]  White Asian [ ]  White and Black African [ ]  White and Black Caribbean [ ]  Other |
|  | **Additional:**[ ]  Arab [ ]  Other Ethnic Group [ ]  Prefer not to say  |
|  |  |
| **2. Cared for person’s details** |
| Name and Surname |  |
| Date of birth |  |
| Address  |  |
| Care coordinator & Mental Health team |  |
| MH condition or diagnosis |  |
| Relationship to carer |  |
| **3. Referrer’s details**  |
| Date of this referral:  |  |
| Name: |  |
| Service/Team: |  |
| Phone number: |  |
| Email address: |  |
|  |  |
| **4. Reason for referral**  |
|  |
|  |

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|  **5. Risks identified** (please complete at least one) |
|  Harm from others:  |   |
|  Harm to self:  |   |
|  Harm to others:  |   |
| No risks identified |  |
|  |  |
| **6. Additional Information**  |
|  Language needs?  |  If an interpreter is required, please state language(s) and gender preference: male / female / either. |
|  Other needs/ disabilities |   |
|  Any children under 18? (Please state age/s). |  |

Please return this form to**bristolcarers@rethink.org**protected with a password agreed with us, or phone us on 0117 9031803. See more here [**www.rethink.org/bristolcarers**](http://www.rethink.org/bristolcarers)