



# Care for Carers



## Stepping Out <sup>®</sup>™ Short Residential Breaks for Carers Referral Form

**Contact us :**

Telephone / Fax Number: 0131 661 2077

E-mail : admin@care4carers.org.uk

Web Site : www.care4carers.org.uk

**Please return to :**

Care for Carers, Lochend House

33-35 Lochend Road South

Edinburgh, EH7 6BR

Date of preferred break :

**CARER Information :**

Title &amp; Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Tel No : Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail Address : \_\_\_\_\_

D.O.B : \_\_\_\_\_

Gender : \_\_\_\_\_

Relationship : \_\_\_\_\_

Hidden Carer : \_\_\_\_\_

Referral Date : \_\_\_\_\_

Initial Contact Date : \_\_\_\_\_

Carer Status Active : \_\_\_\_\_

**REFERRAL Information :**

Agency Name : \_\_\_\_\_

Address : \_\_\_\_\_

Postcode : \_\_\_\_\_

Contact Name : \_\_\_\_\_

Tel No : \_\_\_\_\_

Fax No \_\_\_\_\_

E-mail Address : \_\_\_\_\_

**Referral Reason :** Stress Related  Mental Health Physical Health  Isolation Anxiety / Panic Attacks Carer Information Carer Support Other \_\_\_\_\_**Diagnosis of Cared for Person :** Dementia Physical Disability HIV / Aids Neurological Stroke Learning Disability Multiple Mental Health Cancer Cardiac / Chest / Lung Alcohol Frail Elderly Other

Date form completed :

**Please enter comments on the back of this sheet**