Care for Carers
Supporting those who care for others

Phone & Fax 0131 661 2077 (tel) 0131 661 6192 (fax)
Email & Web enquiries@care4carers.org.uk www.care4carers.org.uk
Room 4-25, St Margaret's House, 151 London Road, Edinburgh EH7 6AE

Enquiry Form

Date : _____ New Carer : Yes ☐ No ☐

Staff Member : _____ Carer ID : _____

Carer Information :

Title & Name : _____

Address : _____

_____ Post Code : _____

Tel.No : Home _____
Work _____
Mobile _____

email : _____

D.O.B : _____
Gender : _____
Relationship : _____
Hidden Carer : _____
Referral Date : _____
Initial Contact Date : _____
Carer Status : _____

Referral Information :

Agency Name : _____

Address : _____

_____ Post Code : _____

Contact Name : _____

Tel No : _____

Fax No : _____

email : _____

Referral Reasons :

- ☐ Stress Related
- ☐ Mental Health
- ☐ Physical Health
- ☐ Isolation
- ☐ Anxiety / Panic Attacks
- ☐ Carer Information
- ☐ Carer Support
- ☐ Other _____

Enquiries :

- ☐ Benefits
- ☐ Respite
- ☐ Housing
- ☐ Support
- ☐ Social Work
- ☐ Health
- ☐ Information
- ☐ Learning Opportunities
- ☐ One to One Support
- ☐ Telephone Support
- ☐ Referral to other Agency
- ☐ Listening Ear
- ☐ Add to Mailing List
- ☐ Other

Information on Caring Situation :

- ☐ Dementia
- ☐ Physical Disability
- ☐ HIV / Aids
- ☐ Neurological
- ☐ Stroke
- ☐ Learning Disability
- ☐ Multiple
- ☐ Mental Health
- ☐ Cancer
- ☐ Cardiac / Chest / Lung
- ☐ Alcohol
- ☐ Frail Elderly
- ☐ Other

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