



- ☐ On Referrals Worksheet **Office use only**
☐ On Carer Controls
☐ On Assessment Worksheet (if required)



Initial Contact and Assessment Form

Date of Referral:..... Date of interview:.....

I consent to my details being held by Kingston Carers' Network

Signed.....**Date**.....

I would like a Carers' Support Worker to contact YES/NO Name of referrer.....

Referring agency and team/surgery/other.....

Title.....First name.....Family name.....

Address.....

.....Postcode.....

Telephone: Landline.....Mobile.....

E-mail.....Preferred method of contact.....

Date of birth.....GP Surgery (name only).....Consent to inform GP of caring role? Yes/No

Relationship of person you care for e.g. relative, friend, neighbour.....DOB.....

Does the person live with you? YES/NO.....If No, do they live in the borough of Kingston? YES/NO

Name

Address if different to carer's address.....

Does the person you care for have any of the following? (tick all that apply)

Physical disability		Physical health condition		Dementia	
Learning disability/difficulty		Mental health condition		Autism or Asperger Syndrome	
Sensory impairment		Substance misuse issues		ADHD	
Difficulties due to age and frailty		Long term health condition		Other condition	

On average how many hours per week do you spend caring?.....

Please give further details here:

**Please also complete the information requested on the next page and return this form to:
Kingston Carers' Network, FREEPOST RSET-JATX-UEAS, New Malden KT3 4BD**

ETHNICITY

Ethnic Origin

White

British

Irish

Irish Traveller

Gypsy/Roma

Other White

Asian or Asian British:

Indian

Pakistani

Bangladeshi

Tamil

Gujarati

Korean

Other Asian

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Black or Black British:

Caribbean

African

Other Black

Mixed:

White and Black Caribbean

White and Black African

White and Asian

Other Mixed background

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Chinese or other:

Chinese

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Other (please indicate) _____

☐ I do not wish an ethnic background category to be recorded.

Language(s) Spoken _____