

Westminster Carers Service



*A Local service
offering free time
to carers of a
dependent person*

DETAILS OF CARER

Name.....

Address.....

Date of birth..... Tel.....

Relationship to person being cared for.....

Family circumstances.....

Disabilities/health of carer.....

Care given.....

Help needed from WCS.....

DETAILS OF REFERRER

Name..... Designation.....

Place of work.....

Tel..... Date of referral.....

OFFICE USE ONLY

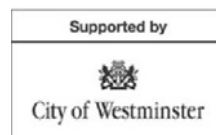
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Sixth Floor, 25 - 27 Oxford Street, London W1D 2DW

Telephone: 020 7434 0670 Fax: 020 7734 9168

E-mail: westcarers@westcarers.co.uk

Registered in England No. 3031226 Registered Office As Above
Registered Charity No. 1045243 Supported by Westminster City Council



DETAIL OF PERSON BEING CARED FOR

Name.....

Address (if different from carer).....

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Date of birth..... Tel.

Disabilities/brief medical details/ diagnosis.....

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Mobility..... Hearing.....

Continence..... Sight.....

Have the carer and dependent agreed to this referral?.....

Are there any cultural, religious or language considerations?.....

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Other relevant information.....

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G.P. Tel.....

Address.....

OTHER SOURCES OF HELP

Frequency of visits, type of help given and name if relevant

Care Manager/ Social Worker.....

Home Care.....

MOW.....

Day Centre.....

Health Visitor/ District Nurse.....

OT/ Physio.....

Other.....