

CARER SELF ASSESSMENT

Carers Name:

Carer DOB:

Carer Ethnicity: **Gender:**
(see notes over)

Home Address:

Tel. Number:

Cared for Name:

Address:

ADMIN. ONLY

Carer Id. No. :

Client Id. No. :
(If applicable)

**Carers Doctor:
(name/address)**

Doctors phone no.:

Cared for phone no. :

Cared for DOB:

- 1) Do you have difficulty with the physical aspects of your carer role? Y/N
- 2) Do you need to lift or move the person you care for? Y/N
- 3) Do you feel lonely? Y/N
- 4) Would you like more time to yourself, for education, or social life with friends or other family if you have any? Y/N
- 5) Do you feel providing care is causing difficulties for you in your family relationships? Y/N
- 6) Do you need a break? Y/N
- 7) Are you worried about what will happen to the person you care for if you are temporarily unavailable or can't continue to manage? Y/N
- 8) Does providing care prevent you from working or doing your job properly if you do work? Y/N
- 9) Is there anything you do that is embarrassing for you or the person you care for? Y/N
- 10) Do you feel you need more information about the condition of the person you care for and how it will affect them over time? Y/N
- 11) Are you in ill health or disabled yourself ? Y/N
- 12) Do you need information and advice re financial benefits? Y/N
- 13) Do you provide care to any one else? Y/N
- 14) Would you like to discuss what assistance you may get to help with all or some of the questions you have answered 'yes' to above. Y/N*

*** IF THE LAST QUESTION (14) IS ANSWERED YES WE WILL CONTACT YOU FOLLOWING THE RETURN OF THIS FORM (OR YOU CAN RING REQUESTING A VISIT TEL.)**

FULL NAME:

ID:

DESCRIPTION OF ISSUES FOR CARER	
How frequently do you provide care and how much time does it take in the average week?	
What do you do for the person you care for? (Cont. on extra page/s if required)	
Please detail the issues regarding any of the questions on page 1 that have an answer 'yes' or anything else that concerns you about being a carer. (Continue on extra page/s if required)	
What would you like doing about the issues above?	
Options to be pursued – this should detail the support / service options considered and discussed with the carer indicating in their words which they wish to take up and why. Direct Payments to be offered in respect of any services provided to the carer.	
I agree to information contained in this assessment being shared to enable assistance to be provided. I have been given a leaflet regarding information sharing. I am aware I can withdraw this consent.	Signed: Date: