**Willington Surgery**

**DO YOU LOOK AFTER SOMEONE WHO CAN’T GET BY WITHOUT YOUR HELP?**

**Please answer these questions and let us know how we can best support you as a carer.**

**If you are providing unpaid care for a friend, relative or neighbour it is sensible to make sure you tell your GP you are a carer. We want to help carers maintain their health and wellbeing. Early support can help prevent some problems from developing.**

**Your answers will help tell us how we can best support you as a carer, now and in the future. You are entitled to a flu injection and there may be more flexibility over appointments or home visits. The GP can be a gateway to getting help such as counselling, other medical services or referrals to social services.**

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| --- |
| Your details:  |
| Name:  |  |
| Date of birth:  |  |
| Address:  |  |
| Telephone number:  |  |
| Who do you care for, for example, partner, relative, friend or neighbour?  |
| Details of the person you look after:  |
| Name:  |  |
| Date of birth:  |  |
| Address: (if different to above)  |  |
| Telephone number: (if different to above)  |  |
| GP details: (if different to your own)  |  |

**IMORTANT**

If you or the person you care for is **urgently** in need of support, please ask us to refer you to social services or call them directly without delay.

**More about you**

In addition to being a carer, are you: (Please tick all that apply)

* At school [ ]
* At college/university [ ]
* Employed (full or part-time, including self-employed) [ ]
* Retired from paid work [ ]
* Unable to work due to long-term sickness [ ]
* Looking after home/family [ ]
* Other (please give details below [ ]

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**Whilst being a carer have you ever: (please circle appropriate answer)**

* Felt that your caring role has made you ill Yes/No
* Injured yourself when lifting or moving someone Yes/No
* Felt stressed, anxious or depressed (or anything similar) Yes/No
* Put off seeing your GP because you didn’t have time Yes/No
* Not taken medical treatment you should have taken Yes/No
* Had to stop paid work so you could continue caring Yes/No
* Felt isolated or lonely Yes/No

* Felt it hard to leave somebody so you could attend an appointment Yes/No
* Found it difficult to take the person you care for to the GP practice Yes/No

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| Please use the box on the right to suggest anything we could do to help you as a carer |  |

**Many thanks for taking the time to complete this questionnaire. Please hand it to receptionist.**