

Office use only
Reference No:

Day Centre Referral Form
Carers Trust Tyne & Wear Crossroads Carer Services
The Old School, Smailes Lane, Highfield, Rowlands Gill NE39 2DB
Telephone: 01207 549780 FAX: 01207 549794
Email: info@carerstrusttw.org.uk



Eligibility Criteria: ✓ Provide regular and/or substantial level of care (eg. 20+ hours care per week and/or 5 visits per week) ✓ Be a resident in Gateshead
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1. Referrer Details	
Name of Referrer:	Date of Referral:
Address:	Telephone No:

2. Person with Care Needs	Title: Miss/Mrs/Mr/Other
First Name(s):	Surname:
Address:	
Postcode:	Telephone No:
Date of Birth:	Ethnic Origin:
Marital Status:	Religion:
Health Situation or Disability:	

3. Carer Details	Title: Miss/Mrs/Mr/Other
First Name(s):	Surname:
Address:	
Postcode:	Telephone No:
Date of Birth:	Ethnic Origin:
Marital Status:	Religion:
Relationship to Person with Care Needs:	
Carer Health Problems:	

4. Summary of Home Situation

5. Summary of Care Needs (please give further details if required)

Mobility Issues: YES/NO

Personal Care: YES/NO

Behavioural Issues: YES/NO

Emotional Support Required: YES/NO

Care Package in Place: YES/NO (*If yes provide details*)

6. Describe Caring Role

7. Reason for Referral

8. Professional Contact Names

GP Name:

Telephone No:

Social Worker:

Telephone No:

Other:

9. Transport

Is assistance with transport required to and from the Daycentre? YES/NO