

HEALTH AND SOCIAL CARE

If you help to look after someone, you can ask for your own needs to be assessed under the "Community Care and Health (Scotland) Act 2002".

Please return this form in the addressed envelope provided to: The City of Edinburgh Council, Social Care Direct, Contact Centre, Level 1, Chesser House, 500 Gorgie Road, Edinburgh, EH11 3YJ.

Please see the enclosed leaflet which explains what we mean by "a carer". Our website may also help you.
http://www.edinburgh.gov.uk/internet/Social_care/Carers_and_support/CEC_carers_self_assessment_form

CARER'S DETAILS

Name: _____	Date of Birth: _____
Address: _____ _____	Telephone No.: _____
Postcode: _____	

Names and address(es) of the person(s) you care for:

Person 1	
Name: _____	Date of Birth: _____
Address: _____ _____	Telephone No.: _____
Postcode: _____	
Your relationship to this person: _____	
Name of GP: _____	
Name and Address of Practice: _____ _____	

Person 2	
Name: _____	Date of Birth: _____
Address: _____ _____	Telephone No.: _____
Postcode: _____	
Your relationship to this person: _____	
Name of GP: _____	
Name and Address of Practice: _____ _____	

How long have you been a carer?

What care do you give?
(You may want to include details of the condition(s) of the person you care for.)

What support, if any, do you currently receive?

What practical help do you think you need, eg. time for yourself, a break from caring or help with caring tasks?

Please tell us here, anything about your own health that affects you, or that you may be concerned about.

Would you prefer to see someone so that a more detailed assessment of your needs may be carried out?

Yes No

Signature: _____

Date: _____