












## CARER INFORMATION SHARING FORM



Date : \_\_\_\_\_ Name of Carer : \_\_\_\_\_

Carer Contact Number (optional) : \_\_\_\_\_

You have been carer for who?  \_\_\_\_\_

We would like your views to help our  team   make decisions  about future care and treatment 

Please fill the form  or BSL DVD Clip   

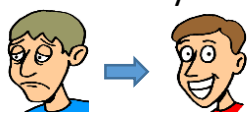
Want share  your views at the review meeting or MDT ward round 

or

If  no, are you happy to share with someone you look after?

Which number? 1  2  3  4  5  6


**1** You see any changes in someone you look after, share with clinical team?



<p><b>2</b></p>	<p>Someone you look after, mental health improve or better after review meeting/ward rou</p>
<p><b>3</b></p>	<p>After review meeting/ward round, you have any worries about someone you look after?</p>
<p><b>4</b></p>	<p>Anything stop you from looking after someone?</p>
<p><b>5</b></p>	<p>You want anything to add?</p>
<p><b>6</b></p>	<p>Do you want Carers Assessment?</p>

YOU TELL US SOMETHING  WE HAVE TO TELL  OTHER SERVICE



IF THERE IS A RISK  WITH SOMEONE YOU CARE FOR OR ANOTHER PERSON.

WE WILL TELL YOU IF WE ARE TELLING OTHER SERVICE ABOUT YOUR

INFORMATION AND GIVE YOU SOME SUPPORT



Thank you for filling in the form and please send this form or BSL Video Clip



or

to:

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