

Carers request for involvement form

L7

Date:

Your name/ how you would like to be addressed?:

Patients Name?

1. Do you help with the day to day activities to allow your loved one/the patient to remain at home?
This can be shopping, maintaining their hygiene needs or general support.

YES NO (please delete as appropriate, if you have answered No, there is no need to complete any further questions, please hand this form to a member of staff)

2. How do you normally help this person?

3. Do you have any support with helping when at home?

YES NO (please delete as appropriate)

If yes what support do you have?

4. Have you had a carers assessment by your local authority?

YES NO (please delete as appropriate)

If no please contact the relevant local authority to organise an assessment if you would like to:

Leicester City Council

www.leicester.gov.uk

Adult and young carers Tel: 0116 454 1004

Email: spoc@leicester.gov.uk

Leicestershire County Council

www.leics.gov.uk

Adult and young carers Tel: 0116 305 0004

Email: adultsandcommunities@leics.gov.uk

Rutland County Council

www.rutland.gov.uk

Adult carers Tel: 01572 758341

Email: adultduty@rutland.gcsx.gov.uk

Young carers Tel: 01572 758407

Email: childrensduty@rutland.gcsx.gov.uk

5. While the person you care for is in our care, it is an opportunity for you to get some much needed rest, however we understand that as a carer you may like to be involved in the care that is given.

How would you like the staff to meet your needs and support your health and wellbeing while the person you care for is on being looked after by us?

6. Is there any further information that you would like to share with the us with regards to the person you care for or how we can make your experience of our services better?

7. If the person you care for is in one of our hospitals, they may be allowed to come home for periods of leave before their discharge to see how they manage. If you will be caring for them during this time we will talk to you about any periods of leave and their timing. Please let us know what information you would like us to provide you with to enable you to care for them during this time. **Please note that we have to respect patient confidentiality so may not be able to provide you with all the information you want.**

You will be asked to supply your feedback on how the person you care for has got on during any periods of leave at home. This will allow us to see how they are progressing towards their recovery and discharge.

8. Do you have any comments or suggestions on how we can make your experience of our services better?

9. Do you feel that you may need additional support when the person you care for is discharged (leaves hospital) home?

YES NO (please delete as appropriate)

If yes please list the help or support that you feel would be helpful when the person you care for goes home.

Thank you for completing this form, please do not hesitate to contact a member of staff if you need any information or support. This form will be kept in the patients notes and will assist staff in supporting and including you in care and discharge planning if the person you care for is in hospital.