Action for Carers Surrey –

All about us

A record of the needs of the person you care for and how you support them

Carer's name.....

Cared for's name.....

Action for Carers Surrey

Contents

Introduction

How can writing down what I do help?

As carers we like to think that we will always be there when needed but sometimes this is not possible. This could be for many reasons, such as:

- You may become very unwell very suddenly or be injured and be unable to carry out your usual caring role even if you are not in hospital.
- Unplanned admission to hospital following an accident or a medical emergency
- You may have a domestic emergency which must be dealt with (i.e. fire, flooding)
- Family emergency, such as a relative or other dependent being taken ill or a death in the family
- Breakdown of care arrangements

This 'All about us' form is designed to help in any of the above situations.

By completing the form, you have peace of mind that there is something in place if you cannot provide care for whatever reason, and you know that if something happened, the person you care for will be properly supported at the earliest opportunity.

Completing this form

You can get assistance to help you complete this form by making an appointment with one of our Advisors.

Once you have completed this form, as well as keeping it in a safe place and telling others about it (see below), please remember to keep it updated. Things do change over time.

If there is a young person also providing care in your family (or who you've listed as a contact), please make sure that their school knows about this.

This form is all about the person you care for. But if you have a pet, there is a section at the back, for any other important considerations you may wish to include.

Appointing people to help

If you have family, friends or neighbours that might help out if you were unable to, then include them on this form. Think of those who you are most likely to rely on for support.

It is important they sign to confirm they understand that they may be called upon, and agree to their information being shared with other professionals (though this would usually be on a need-to-know basis.).

Making sure others know about this form

Of course, having all this written down is one thing, other people knowing about it is another.

You should:

- Keep it in a safe place in your home, perhaps with other important documents, that might be used by other professionals who visit your home (health workers etc).
- Give a copy to those you've listed as contacts on the form, and perhaps some additional people, such as neighbours, or other relatives.
- Give a copy to your GP (ideally you have already told your GP that you are a carer – so should anything happen, your record will show that you are caring for someone.)

We hope that you will never find yourself in a situation where you need to use your Form. However we trust that having made these arrangements, it will give you 'peace of mind'.

Emergency Support

You may also wish to carry a 'In Case of Emergency' card.

These are provided by Surrey County Council, and you can request on from us. Please call 0303 040 1234 or email info@actionforcarers.org.uk

If you have a crisis or emergency situation

Replacement care in a crisis or emergency situation will be covered by Surrey County Council.

If you and the person you care for are already known to the council, emergency cover will be arranged through existing processes, such as your current package of care or the service's Emergency Duty Team.

If you and the person you support for are NOT already known to the council, and are in crisis or admitted to hospital then a social care team will carry out a proportionate assessment and arrange any emergency cover needed to meet immediate care needs. Then, to determine any ongoing support, a care needs assessment will then be carried out.

Find out more about support on Surrey County Council's website www.surreycc.gov.uk/helpforcarers

Surrey County Council's Information and Advice Service:

- **Telephone: 0300 200 1005**
- **Email: asc.infoandadvice@surreycc.gov.uk**
- **Text (SMS):** 07527 182 861 (for the deaf or hard of hearing)

Section 1: GENERAL DETAILS

Date updated: __ __ / __ __ / __ __ __ __
My name is:
The name of the person I care for is:
They like to be called:
Their address is:
Postcode:
Their date of birth is:
They can be contacted by:
If you need to gain access to the property where the person I care for lives, a key is held by:
Name:
Home tel: Mobile:
Address:
Postcode:

Section 2: KEY CONTACTS

If I am not able to provide care, please contact one of the following, who are listed in order of preference:

Contact 1

First name:

Last name:

Address:

Home tel:

Mobile:

Work tel:

Relationship to the cared for person:

I agree to be contacted in an emergency to provide support and that my details can be shared on a need-to-know basis with other professionals.

Signature:

Do they have keys to your house? YES ☐ NO ☐

Contact 2

First name:

Last name:

Address:

Home tel:

Mobile:

Work tel:

Relationship to the cared for person:

I agree to be contacted in an emergency to provide support and that may details can be shared on a need to know basis with other professionals.

Signature:

Do they have keys to your house? YES ☐ NO ☐

Does the person you care for currently receive support from a Care Agency, Personal Assistant or Private Carer?
YES ☐ NO ☐
Provider/Agency Name:
Address:
Tel: Email:
Important Notice: The care provider may be contacted to provide support in the event of an emergency.

Section 3: DETAILS OF DEPENDENT CHILDREN OR YOUNG CARERS IN THE HOUSEHOLD

First name:
Last name:
Date of birth:
Please tick relevant box: Helps out with caring ☐ Is a dependent ☐
First name:
Last name:
Date of birth:
Please tick relevant box: Helps out with caring ☐ Is a dependent ☐
First name:
Last name:
Date of birth:
Please tick relevant box: Helps out with caring ☐ Is a dependent ☐

First name:
Last name:
Date of birth:
Please tick relevant box: Helps out with caring ☐ Is a dependent ☐
Will the needs of the children also be met by the emergency contacts in this form? YES ☐ NO ☐ If not, is there anyone else we should contact? (please give details below)
Name:
Address:
Home tel: Mobile: Work tel:
Email:
Relationship to you:

Section 4: LEGAL DOCUMENTS

Lasting Power of Attorney (LPA) :		
I have LPA (Finances): Held by:	YES ☐	NO ☐
I have LPA (Health and Wellbeing): Held by:	YES ☐	NO ☐
I have a Court of Protection: Held by:	YES ☐	NO ☐
I have Deputyship:	YES ☐	NO ☐

Held by:
Statement of Assets: this is attached to this document Held by:

Section 5: GP DETAILS

My GP is: Dr
The Practice name is:
Telephone number:
Practice Address:
The GP of the person I **care for** is: Dr
The Practice is called:
Telephone number:
Practice address:
The pharmacy who usually dispenses the medication for the person I care for is:
Pharmacy address:
Telephone number:
Medications are recorded on page xxxxxxx
There is a Message in A Bottle in the fridge (Contact us if you'd like one of these – more on the scheme at https://lionsmessageinabottle.co.uk/) Yes ☐ No ☐

Section 6: MEDICAL DETAILS

Does the cared for person experience any of the following:
(please tick all that apply)

☐ Alzheimer's	☐ Hard of hearing	☐ Diabetes
☐ Dementia	☐ Swallowing difficulties	☐ Stroke / TIA
☐ Multiple Sclerosis	☐ Parkinson's Disease	☐ Confusion
☐ Forgetfulness	☐ Visual impairment	☐ Renal problems
☐ Deaf	☐ High Blood Pressure	☐ Arthritis
☐ Learning disability	☐ Low Blood Pressure	☐ Osteoporosis
☐ Autistic Spectrum	☐ Heart problems	☐ Poor mobility
☐ Epilepsy	☐ Breathing difficulties	☐ Prone to falls
☐ Requires oxygen	☐ Wheelchair user	☐ Cancer
☐ Mental Health Problems		

Other (please specify) e.g. other medical condition, any allergies the cared for person may have or other medical information you think is important:

Section 7: COMMUNICATIONS

Cared for people often maintain they can care for themselves and everything is fine. If they are asked questions, can their replies generally be relied on?

Yes ☐ No ☐

Please give any notes about their communication e.g. language, interpretation, repeat words, speak slowly, write things down, etc.

Section 8: HEALTH TASKS

Does the person you care for need support with nursing tasks E.g. wound care, injections etc? Yes ☐ No ☐

Please describe the type of task, frequency and who carries out the task

Section 9: MOVING & HANDLING

Does the person you care for require assistance with moving and handling, e.g. transfers?

Yes ☐ No ☐

Please describe the type of task, frequency and who carries out the task.

Moving around the home:

Transfers:

Getting out & about

Section 10: EQUIPMENT

Does the cared for person use mobility aids?
(E.g. hoist, frame, commode etc.)
If yes, please give details:

Section 11: SAFETY DURING THE DAY & NIGHT

During the **DAY**, how long (if at all) can the cared for person be left on their own?
Details:
During the **NIGHT**, how long (if at all) can the cared for person be left on their own?
Details:

Section 12: BEHAVIOUR ISSUES

The person I care for has the following behaviour issues:

The best way to calm them down is:

The best way to break them bad news is:

Continued on a separate sheet? Yes ☐ No ☐

Section 13: DAILY ROUTINE OUTLINE

This routine happens daily / or on

Time	Activity

Section 14: WHAT DO YOU DO FOR THE PERSON YOU CARE FOR?			
Please tick to select the relevant box.	Day	Night	No Support Needed
Personal care (e.g. dress, wash, toilet eat/drink)			
Health needs (e.g. dressings, injections)			
Moving and Handling (e.g. helping with getting in/out of chair/bed, walking)			
Safety during the day/night			
Life Planning/management (e.g. dealing with letters/services, managing finances)			
Emotional Support (e.g. providing company/dealing with crises)			
Day to day activities (e.g. meals/laundry/transport outside the home/leisure)			

Please use this space to give more details about the care and support you provide or details of anything else not included:

Section 15: THE PERSON YOU CARE FOR – LIKES AND DISLIKES

To help the person providing replacement care, LIST THE MAIN LIKES AND DISLIKES and EVERYDAY PREFERENCES of the person you care for (e.g. mealtimes, types of food, daily activities, etc.):

Section 16: MEDICATION:

Does the person you care for take regular medication? Yes ☐ No ☐

To help the person that may be providing replacement care, list all the medication taken by the person you care for, where it can be found, what time it should be taken and by what method (e.g. with water, with food, or by injection) etc.

Is a dosette box (pill organiser) used? Yes ☐ No ☐

It is prepared by me / the pharmacy

Where is the dosette box (pill organiser) kept in the home?

Where are the medications kept:

Other information about medication:

Non-medical supplements:

Medication / supplements name	**Where it is kept**	**Frequency / time to be taken**	**How to be taken**

Continued…

Medication / supplements name	Where it is kept	Frequency / time to be taken	How to be taken

Section 17: WHO HAS A COPY OF THIS FORM?

The following people and agencies have a copy of this form.
(Remember to let them know them when you update this form.)

Name	Contact details	Date of last update	Date of last update

Carer's name (block capitals)	Signature	Date

Section 18: ADDITIONAL NOTES

Use this section to add any other important issues that should be considered, for example, about any pets you may have.

Extra pages

Feel free to add in extra sheets of paper with further information.

We suggest you add your name, national insurance number and date of birth at the top of any extra pages, and staple them in.

Action for Carers Surrey

Action for Carers Surrey provides events, information, advice and support for unpaid carers of all ages, right across Surrey.

Support includes a Helpline, adviser team, advocacy, guidance on moving and handling, workshops, information and relaxation events (online and face to face), support groups, free resources and more. All aiming to give carers a little time out, and helping them feel informed, less stressed and more in control.

There's specialist support available for young carers (under 5-15), young adults (aged 16-25), as well carers supporting someone in hospital. Action for Carers also trains and advises professionals, to improve identification and support of carers across Surrey.

Find out more at www.actionforcarers.org.uk

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