



Caring for the families and friends of those with a serious mental illness

Tayside Carers Support Project Angus Carers Referral & Risk Assessment Form

This form to be completed by someone in a professional capacity

Date of referral.....

Carer is aware and has consented to referral Y/N

Name of Carer(s).....

Address.....

.....Tel.....

Name of person being cared for.....

Do they live at the above address Y/N

Relationship.....

Diagnosis.....

Are you aware of any safety issues? Y/N

If yes please specify.....

Are you aware of any instance of violence within the household? Y/N

Would you as a social worker/CMHT/visit this home as a lone worker? Y/N

Brief details as to why referral has been made.....

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Referrer's name and contact details.....

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Would the carer like the initial contact to be made by letter/phone

Please return form to;

Carers Support Worker
Tayside Carers Support Project
Support in Mind Scotland
Gowanlea, 12-14 Seaton Road
Arbroath DD11 5DX
Tel: 01241 437214 mobile 07734739667