



Tayside Carers Support Project  
Perth & Kinross

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

## Tayside Carers Support Project Perth & Kinross 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.....

.....

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

.....

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

Please return form to;

Sarah Cox  
Carers Support Worker  
Tayside Carers Support Project,  
Support in Mind Scotland  
Elcho Ward, Murray Royal Hospital  
Perth PH2 7BH  
Tel: 01738 562475 mobile 07920490534