



Parkinson's Care and Support UK

Stage 1: Carer's Assessment Form for Respite Care

**** CONFIDENTIAL ****

Do you provide daily care for a family relative with Parkinson's?

Family carers often provide the most support for vulnerable people. If you are a family carer providing necessary care to another person affected by Parkinson's and you don't get paid, you have the right to have your own needs assessed independently from the person you are caring for, whether or not you are applying for respite care from us.

Data protection and privacy

We need to collect, process and store your personal data. The personal data you provide on this form will be used and shared in accordance with the General Data Protection Regulation. As we work with external care providers, your data will be shared with the care providers for the purpose of assessing your application. Tick here if you agree to your data being used in this way

Part 1- About you:

Title: _____

Name: _____

Address:

Post Code: _____

Date of Birth: _____

Occupation: _____

Contact number/s: _____

Email address: _____

Name of and address of GP: _____



Please give details of any health issues or disabilities you have

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Do you provide full time or part time care? F/T P/T

Who do you provide care for name?

What is your relation to the above person?

What is the person's date of birth?

Does this person live you?

Does this person receive care from the Local Authority?

If yes, please provide information about the care being received e.g how many hours? Frequency? Help they provide? When did this start? How long is this in place for?

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Does this person receive any other care, private or funded? Y/N

If yes, please provide information about the care being received e.g how many hours? Frequency? Help they provide? When did this start? How long is this in place for?

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Please provide information about who else supports you to manage your caring responsibilities e.g partner, family members, friends?

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Please provide information about any other commitments you have e.g other dependents (child or adult), work commitments, community responsibilities. Please include how many hours a week, frequency and whether these dependents live with you:

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Have you had a break from your caring role, for more than 24 hours, in the past year? Give details?

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Do you receive any other respite care? Please provide full details

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How much time per week do you spend doing the following?

Exercising:

Attending your medical appointments:

Socialising:

Spending time with other family:

Working:

Volunteering or carry out community commitments:

Part 2 - The Care you provide:

Please indicate whether you provide your family member with Parkinson's any of the following support:

Type of Support	Provided in the day Y/N	Provided at night Y/N	Further information
Cleaning and laundry			
Help with mobility e.g getting in and out of bed/chair, walking			
Washing/ personal hygiene			

Getting dressed			
Toileting/ Incontinence			
Mealtimes/ Nutrition/Feeding			
Taking the person to and from medical appointments			
Taking to/ from or assisting the person in Exercise/Therapies			
Assistance with Medicines/Drug routines			
Socialising with other people			
Helping the person with their own family/Parenting responsibilities			

Do you provide any other care that is not listed above?

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Are there any aspects of your caring role that you no longer feel able to undertake?

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Please state how caring affects you and how respite would help:

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Would any of the following activities reduce the impact that caring has on your wellbeing?

Hobbies/ Social activities	Yes	No
Activities to improve your physical health e.g exercise, walking clubs	Yes	No
Relaxation/Therapy/Pampering	Yes	No
Emotional support/Counselling	Yes	No



Educational/Learning/ Skill Development	Yes	No
Spending more time with Family	Yes	No

Part 3- About the person being cared for

When were they diagnosed with Parkinson's?

Are they taking medication? If so, what medication(s), dosage and times per day

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Does the person currently have a care plan? Y/N Can you please provide a copy?

Is the person currently awaiting a decision to receive care from elsewhere? If yes, please provide details:

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Does the person have any other disabilities or health problems? If yes, please list with details of when diagnosed, medications being taken and how these conditions are managed.

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Does the person have any of the following?

Mental health problems:

Compulsive behavioural disorders:

Dementia:

Does your caring role stop you from being able to do any of the following?

Carrying out / caring responsibilities for a child?	Yes/No	How/ Why?
Providing Care to another person you care for?	Yes/No	How/Why?
Maintaining a habitable home environment?	Yes/No	How/Why?
Managing and maintaining your nutrition?	Yes/No	How/Why?
Developing and maintaining family or personal relationships?	Yes/No	How/Why?
Engaging in work, training, education or volunteering?	Yes/No	How/ Why?
Making use of necessary facilities or services (including recreational) in the local community?	Yes/No	How/ Why?
Engaging in recreational activities?	Yes/No	How/ Why?



If you have answered Yes to any of the questions above, do you feel that your caring role has a significant impact on your wellbeing in any of the following ways:

Personal dignity	Yes	No
Physical, mental and emotional wellbeing	Yes	No
Protection from abuse and/or neglect	Yes	No
Control over day to day life	Yes	No
Participation in work, education, training or recreation	Yes	No
Social and economic wellbeing	Yes	No
Domestic, family and personal relationships	Yes	No
Suitability of living accommodation	Yes	No
Your contribution to society	Yes	No

Terms and Conditions:

Parkinson's Care and Support UK, promises to keep information confidential and will check information as well as ask for further documentation to verify your application. With your agreement, we will refer you on to our Respite support services, which includes external care providers.

I confirm that:

- I confirm that I provide care to a person who has the needs as stated above.
- I agree I have answered the questions honestly
- I agree for my data to be used by Parkinson's Care and Support UK and our external care providers for the purpose of assessing suitability of respite care and making a decision on your application.
- If successful in my application, I agree to providing information about my respite care experience for the purpose of marketing and raising awareness of this service

Name..... Signature.....

Date.....



Thank you for taking the time in completing this form.

Please Return your Signed Form to:

Respite Care
Parkinson's Care and Support UK
PO BOX 3251
MITCHAM, SURREY
CR4 9EN

OPTIONAL QUESTIONS- to help us to understand more about the people we serve.

Ethnicity:

African	British African	Asian	British Asian	Other
Black British	Black non-British	Asian non-British	White British	
Mixed Heritage	Mixed Heritage non-British	White non-British	Prefer not to say	

Gender:

Male	Female	Other	Prefer not to say
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