

C4C Referral

Study Title: Caring for Caregivers (C4C)

Referrer...		
Name:		
Email:		
Service/Organisation:		
Referee...		
Name:		
Contact Number:		
Email Address:		
How do you know the referee?		
Does the referee know you are making this referral? <i>Delete as appropriate.</i> Yes No Not Sure		

The following questions will assess whether the person you are referring is eligible to take part in this study.

1.	They are aged 60 years or over	TRUE	FALSE	DON'T KNOW
2.	They are currently a caregiver	TRUE	FALSE	DON'T KNOW
3.	Their care recipient has a psychosis diagnosis (i.e. schizophrenia, schizotypal personality disorder, schizoaffective disorder, depression with psychotic features, bipolar)	TRUE	FALSE	DON'T KNOW
4.	They are able to read, write and communicate in English	TRUE	FALSE	DON'T KNOW
5.	They are not currently receiving any formal psychological therapy	TRUE	FALSE	DON'T KNOW
6.	They do not have confirmed plans to receive psychological therapy within the next 6 months	TRUE	FALSE	DON'T KNOW
Are there any risks associated with this service user? <i>Delete as appropriate.</i> Yes No Not Sure				
If yes, please elaborate:				
Referrers Signature:				Date:

Please forward all referrals and queries to: Megan Setterfield:
Megan.Setterfield@kmpt.nhs.uk and Alisha O'Connor: Alisha.O'Connor@kmpt.nhs.uk or c/o
Beech House, Hermitage Lane, Maidstone, ME16 9PH