

Carers GP Registration Form

Are you looking after or providing support for a relative, friend or neighbour?

Let your GP know so you can be directed to the right information, support and/or services and he/she can compile information about the numbers of carers who are registered at the surgery. Please complete the form below and return it to your GP Surgery.

<i>Carer</i>	
Name	
Address	
Telephone	Date of Birth
I give consent for my details to be held by my Surgery and for them to contact me about the patient named below as necessary	
Yes / No	
Signed	Date
<i>Person being cared for</i>	
Name	
Address (if different from the carer above)	
Telephone	Date of Birth
If the GP/Surgery attended is different from the carer please give details	
I give consent for my details to be shared with my carer shown above	
Yes / No	
Signed	Date

If you wish to discuss your needs as a carer, please initially make a pre-booked consultation with your GP or a member of staff at the Surgery.

If you would like free information about services available to support you please send this slip to

Carers Together FREEPOST SCE 9086 Romsey SO51 9AZ

Telephone 01794 519495 Email admin@carerstogether.org.uk

Please put me on your database and send me a Carers Information Pack

Name

Tel

Address

Email

Caring for relative, friend, neighbour (please circle as appropriate)

Special interest or medical condition (optional)