

Carers GP Registration Form

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

Please let your GP know so you can be directed to the right information, support and services and he/she can compile information about the carers who are registered at the surgery.

Please complete the form below and return it to your GP Surgery.

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.

Carer

Name

Address

Telephone

Date of Birth

I give consent for my details to be held, as a carer, by the GP/Surgery and for them to contact me about the patient named below as necessary

Yes / No

Signed

Date

Person being cared for

Name

Address (if different from the carer above)

Telephone

Date of Birth

N.B. If the GP/Surgery attended is different from the carer please give details. If the person being cared-for is unable to give consent, please discuss with the surgery

I give consent for my details to be shared with my carer shown above

Yes / No

Signed

Date

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

FREEPOST RRJZ-UEBJ-TULH Carers Together 9 Love Lane Romsey SO51 8DE

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)