

Carers GP Registration Form

Do you look after or provide 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.

You can register at your GP reception desk but may find this form useful to help you think the information you may need to provide. You can complete the form below and return it to your GP.

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

Carer

Name:

Address:

Telephone/Mobile:

NHS Number:

Email:

DoB:

GP Surgery:

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/Mobile

NHS No.:

Email:

DoB:

N.B. If the supported person attends a different GP/Surgery to the carer please give details below:

GP Surgery:

I give consent for my details to be shared with my carer shown above Yes / No

Signed

Date

N.B. If the person being supported is unable to give consent, please discuss with the surgery.

It may be helpful if you have a registered Lasting Power of Attorney Health and Welfare or a Court of Protection Deputyship?

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 send me a Carers Information Pack Yes / No and/or put me on your database Yes / No

Name

Tel

Address

Email

Supporting a relative, friend, neighbour (please indicate as appropriate):

Special interest or medical condition (optional):