

# Your Surgery Would Like to Know If You Look After Someone

## Carer Registration and Referral

If you are an adult who helps to support a relative, partner, friend or neighbour who is ill, frail, has a physical or learning disability or who has mental health or alcohol and drug problems, **YOU ARE A CARER.**

Please complete this form and hand it in to, or send it to your GP's Surgery, who will record in your notes that you are a carer. This can help your surgery provide you with help with: arranging repeat prescriptions, flu immunisation, annual health checks and arranging appointments which fit in with your caring responsibilities.

For help to complete this form please contact your GP's Surgery.

### Carer

First Name (s) ..... Title (Mr/Mrs/Ms) .....

Last Name ..... Date of Birth .....

Address .....

.....

Telephone No ..... Mobile No .....

E mail ..... Ethnicity .....

Your relationship to the cared for person.....

GP Practice Name .....

When did your caring role start? .....

### Carer Consent

	<b>Signature</b>
I give my consent to be added to the carers register at my GP Surgery	
I give my consent to be added to the Carers Support Service database in order to receive regular carers information by post including their quarterly Carers News Sheet.	
I would like a Support Worker from the Carers Support Service to contact me	
I would prefer to receive any information via email/post (please delete)	
<b>I understand that any information given will be treated confidentially</b>	

Date .....

## Cared For Person – Optional Consent

I consent to information about my health being discussed with the person named on this form as my carer. I consent to my named carer being recorded on my medical records and that this person may request and/or collect my repeat prescriptions and test results. I will contact the practice if this information changes.

First Name (s) ..... Title (Mr/Mrs/Ms) .....

Last Name ..... Date of Birth .....

Address.....

.....

Telephone No ..... Mobile No .....

E mail .....

Please briefly describe illness or disability .....

.....

Signature ..... Date .....

### For GP staff use only:

Action	Date
Carers Support Service leaflet given to carer	
Carer added to Carers Register	
Carer referred to Carers Support Service	