

## Carer Registration and Consent Form.

Do you look after someone – a relative, friend or neighbour who is ill, frail or disabled and is unable to or has difficulty looking after themselves? Do you give support to someone **who has mental health needs or misuses alcohol or drugs?**

If you are, that means you are a carer and by registering that you are a carer with the Practice it could mean that we are able to offer you more support.

Please complete this form and hand it to reception or post it to us.

### YOUR DETAILS:

Surname:.....

Forename:.....

Address:.....

.....

.....

Home No:..... Mobile No:.....

Email:..... DOB.....

Relationship to person cared for:.....

I live with the person I care for:            **Yes**                             **No**

I am their next of kin:                            **Yes**                             **No**

I am their emergency contact:                **Yes**                             **No**

I am the main carer:                            **Yes**                             **No**

If I have a health problem I may need the practice to see me during limited times or to provide a home visit: **Yes**                             **No**

I give consent to being registered as a carer with this practice:

Signed:..... Date:.....

Office Use Only: Please code with carer code: 229774002

Add reminder to patient record: Is a Carer

## Patient Medical Consent Form.

**DETAILS OF PERSON CARED FOR:**

Surname:.....

Forename:.....

Address:.....  
.....  
.....

Home No:..... Mobile No:.....

Email:..... DOB.....

I give consent for the above information about me to be recorded on the clinical record of the person who cares for me.

I give consent for the details of my carer to be held on my medical records.

I also give consent for relevant medical information to be shared with my carer.

Signed:..... Date:.....