

## 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 the Surgery.

(If you wish to discuss your needs as a carer, please initially make a routine consultation with your GP)

PLEASE COMPLETE IN CAPITAL LETTERS

<b>Carer</b>	
Informal/Professional (Please delete as appropriate)	
Name	
Address	
Telephone	Date of Birth
I give consent for my details to be held by the Surgery and for them to contact me about the patient named below as necessary	
Signed	Date
Relationship to Patient	

<b>Person being cared for</b>	
Carers can be actively involved in the discussions of treatment and expected outcomes, together with the recognition of the impact caring has on them as an individual.	
For this, the practice needs written consent of the patients, which can be rescinded at any time by the patient by writing to the practice to cancel consent.	
Name	
Address (if different from the carer above)	
Telephone	Date of Birth
I give consent for any information held to be shared with my carer shown above. I agree that the surgery can hold this information on their database and that the information may be shared with other statutory agencies and referred onwards if necessary.	
Please sign	

GHL use only

Registration details updated on the computer Y/N

Staff initials

Date