CARER REGISTRATION FORM

I am a carer and I would like to be included in the Surgery’s Carer Register. I give permission for this to be noted in my medical records. If you are **not** a patient at this practice you may still be included on our carers register.

NAME………………………………………………………………………………………………………………………………..

ADDRESS…………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………….

POSTCODE……………………………………………….. D.O.B………………………………………………………………

HOME NUMBER………………………………………… MOBILE NUMBER……………………………………………..

EMAIL…………………………………………………………………………………………………………………………………….

SIGNATURE………………………………………………………. DATE…………………………………………………………

REGISTERED GP SURGERY (Please only fill this in if you are **NOT** registered at New Court Surgery)

…………………………………………………………………………………………………………………………………………….

I give my consent for my details to be passed on to Carer Support Wiltshire. Carer Support Wiltshire provide a range of services, advice, information and support to carers. Please tick here ( )

CARED FOR PATIENT

Please could the cared for patient and/or carer fill in the details of the person(s) you care for:

NAME: ………………………………………………………………………………………………………………………….

DOB: ……………………………………………………………………………………………………………………………..

ADDRESS:

……………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………….

TEL NO:……………………………… MOBILE TEL NO: ………………………………………………………………….

EMAIL: …………………………………………………………………………………………………………………………………..

I am a person being cared for / supported by a relative, friend or neighbour.

A Relative [ ] Please state relationship……………………………………………………………….

A Friend [ ]…………………………………………………………………………………………………………

A Neighbour [ ]………………………………………………………………………………………………….

I give consent for my health needs, medication and

treatment to be disclosed by my GP to my carer if **YES [ ] NO [ ]**

he/she believes that this would be of benefit in

providing my care. **Please note that we will not be able to discuss**

**any of your health needs with your carer unless you give your consent and sign this form.**

Signature…………………………………………………………………………

Date:……………………………………………………………………………….