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Carer Registration Form

DO YOU LOOK AFTER A RELATIVE, FRIEND OR NEIGHBOUR WHO NEEDS HELP BECAUSE OF THEIR ILLNESS, FRAILITY, ADDICTION OR DISABILITY?

If so, you are a carer and we would like to support you. Please complete this form and hand it in to reception.

YOUR DETAILS

Name			
Date of birth			
Address			
Post code			
Tel. number	Home	Mobile	
Can we contact you by e-mail?	Yes / No	Email:	
Any relevant information			
I look after a person with: <i>(please tick)</i>	A physical disability	A learning difficulty	
	A mental health problem	A terminal illness	
	Dementia / Alzheimers	Other problem	
Relationship to you: <i>(please tick)</i>	Relative – please specify		
	Friend	Neighbour	

DETAILS OF THE PERSON YOU LOOK AFTER:

Name			
Date of birth			
Address <i>(if different from the above)</i>			
Post code			
Tel. number <i>(if different from the above)</i>	Home	Mobile	
GP details <i>(if different from your own)</i>			

Please note: In order for us to discuss any health details with you relating to the above named patient, they will need to give us their prior written consent.

Thank you for completing this form