

Basildon Road Surgery
CARER'S FORM

By identifying yourself as a carer, we will be able to support you and signpost you to the support services available to you as a carer at your annual Carer's review at the practice.

Carer's details:

Surname		Forename	
Date of birth		NHS number	
Street		Region	
Town or city		Postcode	
Telephone		Email	

Details about the person you care for:

Surname		Forename	
Date of birth		NHS number	
Street		Region	
Town or city		Postcode	
Telephone		GP & practice	

Details about the care you provide:

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Signature	
Date	

Please return completed forms to reception.

Annex C – Example of a carer-patient consent form

Patient details:

Surname		Forename	
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Date of birth		NHS number	
Street		Region	
Town or city		Postcode	
Telephone		GP details	

Carer details:

Surname		Forename	
Date of birth		NHS number	
Street		Region	
Town or city		Postcode	
Telephone		GP & practice	

I give permission for my named carer to have access to my healthcare records held by my GP surgery. This permission relates to all / part of my record*. (**Please delete as appropriate.*)

Where permission is restricted to part of the record, please stipulate those areas for which access is authorised:

I am aware that my GP may overrule my decision at any time and that this authorisation will remain in force until/...../..... or until cancelled by me (in writing).

Signature (of patient)	
Date	

I agree that I will treat all information confidentially and will not disclose this information to any third party without the express permission of the person named as the patient above. I will only use this information in the best interests of the patient.

Signature (of carer)	
Date	

Please return completed form to reception.