

Carers GP Registration Form

IT

Wistaria and Milford Surgeries

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 your GP surgery.

If you wish to discuss your needs as a carer, please initially make a pre-booked consultation with your GP or a member of staff at the Surgery. You can also contact Adult Social Services on 0845 6035630 to talk about your needs as a carer and ways in which help could be given to you and the person you care for.

Carer

Name:

Address:

Telephone:

Date of Birth:

Are you the main carer? Yes No

I give my consent for my details to be held by my Surgery and for them to contact me about the patient named below as necessary

Signed:

Date:

Person being cared for

Name:

Address:

Telephone:

Date of Birth:

If the GP/Surgery attended is different from the carer please give details

I give my consent for details of my health record to be discussed with my carer shown above

Always Under the following circumstances

Carer is my Next of Kin

Carer is Emergency Contact:

Signed:

Date:

If you would like free information about services available to support you please send this slip to:
FREEPOST RRJZ-UEBJ-TULH Carers Together, 9 Love Lane, Romsey SO51 8DE

Telephone 01794 519495 e-mail admin@carerstogether.org.uk We have local offices in Basingstoke, Romsey and Southampton

Please put me on your database and send me a Carers Information Pack

Name:

Tel:

Address:

Email:

Caring for relative, friend, neighbour (please circle as appropriate)

Special interest or medical condition (optional)