



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 so information about carers who are registered at the surgery can be compiled.

Please complete the form below and return to your GP surgery.

If you wish to discuss your needs as a carer, please initially make a prebooked 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 are the person you care for.

Carer

Name:

Address:

Telephone:

Date of Birth:

Relationship to Patient:

Are you the main carer? Yes No *(Please circle)*

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 Yes No *(Please circle)*

Always under the following circumstances.....

Carer is my Next of Kin Yes No *(Please circle)*

Carer is Emergency Contact Yes No *(Please circle)*

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. Email: admin@carerstogether.org.uk Website: www.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 a relative, friend or neighbour *(please circle as appropriate)*

Special interest or medical condition *(optional)*