



# ROWDEN SURGERY

Rowden Hill, Chippenham, SN15 2SB  
Telephone: 01249 444343

## Carer Form

### Carer's Details:

Name			
Date of Birth			
Address			
Home Telephone			
Mobile			
Email Address			
Preferred Contact Method	Home Telephone <input type="checkbox"/>	Mobile <input type="checkbox"/>	Email Address <input type="checkbox"/>
Are you a Rowden Patient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I am their next of kin:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I am their emergency contact:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I am the main carer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have any communication requirements?			
Are you currently serving in the military or a military veteran?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### Details of Person being cared for:

Name			
Date of Birth			
Address			
Relation			
Cared for since date			
Are they a Rowden patient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### **Optional: Does the person you're looking after fall into one of these categories?**

Physical Disability	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Elderly/Frail	<input type="checkbox"/>	
Terminal Illness	<input type="checkbox"/>	Chronic Disease	<input type="checkbox"/>	Traumatic event (e.g. Stroke, Car accident)	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>	
Substance Misuse	<input type="checkbox"/>	Alcohol Misuse	<input type="checkbox"/>	Other				<input type="checkbox"/>

Website: [www.rowdensurgery.co.uk](http://www.rowdensurgery.co.uk) | Email: [rowden.surgery@nhs.net](mailto:rowden.surgery@nhs.net)

<b>Consent from the person <u>being</u> cared for</b>	
I give consent for the above information about me to be recorded on the clinical record of the person who cares for me.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give consent for the details of my carer to be held on my medical records	Yes <input type="checkbox"/> No <input type="checkbox"/>
I also give consent for relevant medical information to be shared with my carer.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed: .....	Date: .....

**Carer's Consent:**

**Are you happy for us to contact you? Yes  No**

*We might text you about free flu vaccinations, special carer events, extra length 20 minute appointments and other news*

**Are you happy for your information to be sent to Carer's Support? Yes  No**

*Please be aware you will be contacted on the above numbers by Carer's Support*

<b>I give consent to being registered as a carer with this practice:</b>	
Signed: .....	Date: .....

Please ask at reception to be directed to the carer display board for more information regarding support from Rowden Surgery and for more details on local services, including Carer Support Wiltshire.

Carers Support Wiltshire is a local charity for carers in the area, if you are unsure if you are a carer or for more information on how to get involved please ask for a leaflet from reception or visit [www.carersupportwiltshire.co.uk](http://www.carersupportwiltshire.co.uk)

Thank you for taking the time to let us know you look after someone.

Website: [www.rowdensurgery.co.uk](http://www.rowdensurgery.co.uk) | Email: [rowden.surgery@nhs.net](mailto:rowden.surgery@nhs.net)