

Carers Consent Form

Name of carer: _____

Date of Birth: _____ **Tel No:** _____

Address: _____

Relationship to person cared for: _____

I give consent to my details being recorded as a carer. Also for this information to be shared with other professional care agencies, including the General Practice of the person I care for. It has been explained to me how this information is to be used. I understand that I may withdraw/alter my consent at any time by advising the General Practice of the person I am caring for and my own General Practice.

Signed: _____ **Date:** _____

Tick box if you would like your details passed on to your local Carers

Support Worker

Carers Doctor's details

Are you:

- Registered with Montpelier Health Centre? **Yes / No**
- Registered with another GP practice? If yes, please complete details below:

Doctor's Name:

Surgery Address:

To be completed by the person being cared for:

I give my consent to my personal details to be recorded on my carer's record to aid identification of me as the person being cared for. I give my permission to relevant medical information to be shared with my carer, when appropriate, and I agree that this information can be shared with other professional care agencies. I understand why this information is being collected and how it will be used I also understand that I can withdraw/alter this consent at anytime.

Signed: _____ **Date:** _____

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