

Carers Registration Form (P1)

Cedars Medical Centre keeps a register of carers who are patients at the surgery. If you are caring for someone, please complete and return this form in at reception.

Carers Details (completed and signed by Carer only) – please ✓ appropriate (all) boxes

I would like it recorded on my personal medical records that I am a carer

First name(s):				Surname:			
Title:	Mr	Mrs	Ms	Miss	Date of Birth:		
Address:				Postcode:			
Home telephone:		Mobile:			E-mail:		
Relationship to person you care for:	Spouse	Partner	Relative	Friend	Other		
If you have ✓ other – please provide more details:							
Do you have permission of the person you care for to discuss their medical records:				Yes		No	
I am a patient at Cedars Medical Centre:				Yes		No	
If you are not a patient at Cedars Medical Centre – please list your Surgery details below:							
I hereby confirm the information I have provided is true and accurate							

Signed

Dated:

Carers Registration Form (P2)

Details of person cared for (signed by person being cared for/patient only) - please ✓ appropriate (all) boxes

First names(s):				Surname:			
Title:	Mr	Mrs	Ms	Miss	Date of Birth:		
Address:				Postcode:			
Home telephone:		Mobile:		E-mail:			
Please briefly describe illness or disability (including any other relevant information you would like to provide):							
Carers Name							
Is the person listed above your main carer:						Yes	No
Is the person listed above your Next of Kin:						Yes	No
Is the person listed above your emergency contact:						Yes	No
I am cared for and supported by the person whose details are above						Yes	No
I am registered with Cedars Medical Centre and would like my carer to be recorded on my medical records						Yes	No
I am also happy for the surgery to discuss my medical records with the person listed above						Yes	No
I agree that the information provided above is correct							
Signed:						Dated:	

TO BE ACTIONED BY THE SURGERY

EMIS Number:		Alert put on EMIS:		Carers Code on EMIS:	
Form Scanned:		Actioned By:			
Date:		Any other Comments:			