PRIVATE & CONFIDENTIAL

ARE YOU A CARER?... IF SO PLEASE COMPLETE THE FOLLOWING SECTION:

YOUR DOCTOR'S SURGERY NEED TO KNOW IF YOU LOOK AFTER SOMEONE

Carer Registration & Referral

If you are an adult who helps to support a relative, partner, friend or neighbour who is ill, frail, has a physically or learning disability or who has mental health or alcohol and drug problems,

YOU ARE A CARER.

Please complete this form and send it in. The surgery will record in your notes that you are a carer. This can help your surgery provide you with help with: arranging repeat prescriptions, flu immunisation and arranging appointments which fit in with your caring responsibilities.
Please tell us what information and support you want by ticking the boxes

CARER

First Name (s) …….. Title (Mr/Mrs/Ms) …...……...

Last Name …… Date of Birth …….

Address ……..……...

……

Telephone No ……..…… Mobile No ..……..….

E mail …….. Ethnicity ……..……..……

Your relationship to the cared for person…….……...

GP Practice Name ……..

When did your caring role start? ……..

CARER CONSENT (READ CODE UB1JU)

	SIGNATURE
I give my consent to be added to the carers register at my GP Surgery	
I give my consent to be added to the Carers Support Service database in order to receive regular carers information by post including their quarterly Carers News Sheet	
I would like someone from the Carers Support Service to telephone me to explain their services.	
I would like to be referred to Social Services for an assessment of my caring situation (Carers Assessment)	
I would prefer to receive any information via email/post (please delete)	
I UNDERSTAND THAT ANY INFORMATION GIVEN WILL BE TREATED CONFIDENTIALLY.	

XaRFi – Consent to Email Correspondence	Date Read Coded	Initials:
XaZGu – Declined Consent to Email Correspondence	Date Read Coded	Initials:
XaQid – Consent to Texts	Date Read Coded	Initials:
XaQmZ – Declined Consent to Texts	Date Read Coded	Initials:

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PLEASE TICK THE BOX INDICATING INFORMATION THAT YOU WOULD LIKE SENT TO YOU:

	√		√		√
Access to training and employment support for carers		Telephone support or face to face counselling		Support from your GP and Primary Care Team	
Support with working and caring		Equipment/Adaptations		Carer support groups/Forums	
Information about the illness		Residential & nursing homes/Homecare		Lifting and handling safely	
Medication management		Telecare		Support during an emergency	
Support for young carers		Pharmacy Services		Other (please describe)	
Benefit Information		Respite/Taking a break			

NAME OF THE CARED FOR PERSON - (READ CODE 918F)

I /do not consent to information about my health being discussed with the person named on this form as my carer. I /do not consent to my named carer being recorded on my medical records and that this person may request and/or collect my repeat prescriptions and test results. I will contact the practice if this information changes.

First Name (s) ……..…….. Title (Mr/Mrs/Ms) …...……...

Last Name …… Date of Birth …….

Address ……..…...

……

Telephone No …… Mobile No ...……..….

E mail ……..

Please briefly describe illness or disability ……...

……

Signature ……. Date ……

For GP staff use only:

Action	Date
Carers Information Pack given to carer	
Carers Support Service leaflet given to carer	
Carer added to Carers Register	
Carer referred to Carers Support Service	
Carer referred to Social Services	

XaRFi – Consent to Email Correspondence Date Read Coded Initials:
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