



Your Doctor’s Surgery Need To Know If You Look After Someone

Carer Registration and 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 hand it, or send it to your GP Surgery, who will record in your notes that you are a carer. This can help your surgery provide you with help with: arranging repeat prescriptions, flu immunization, annual health checks and arranging appointments which fit in with your caring responsibilities.

Please tell us what information and support you want by ticking the boxes overleaf. For help to complete this form please contact your GP Surgery.

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

	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 a Support Worker from the Carers Support Service to contact me	
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	

Date

Please tick the box indicating information that you would like sent to you

Carer

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

Cared For Person – Optional Consent

I consent to information about my health being discussed with the person named on this form as my carer. I 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	