

**CARERS IDENTIFICATION AND CONSENT FORM**

Do you look after someone – a relative, friend or neighbour who is ill, frail or disabled and is unable to or has difficulty looking after themselves? Do you give support to someone who has mental health needs or misuses alcohol or drugs?

If you are, that means you are a carer and by registering that you are a carer with the Practice it could mean that we are able to offer you more support.

Please complete this form and hand it to reception or post it to us.

**YOUR DETAILS:**

Surname:..... First Name(s): .....

Address: .....

.....

Home No. : ..... Mobile No: .....

Email:.....

Relationship to person cared for :.....

I live with the person I care for:                      **Yes**                       **No**

I am their next of kin:                                      **Yes**                                       **No**

I am their emergency contact:                              **Yes**                                       **No**

I am the main carer:    **Yes**     **No**

If I have a health problem I may need the practice to see me during limited times:    **Yes**     **No**

I give consent to being registered as a carer with this practice:

Signed:..... Date:.....

I give permission for my details to be passed to the Carers support centre for advice and support.    **Yes**     **No**

**Practice Administrative staff Only:**

If carer has agreed for the information to be sent to Carersline please fax to **0117 965 5847**

**DETAILS OF PERSON CARED FOR:**

Surname:..... First Name(s): .....

Address: .....

.....

Home No. : ..... Mobile No: .....

Email:.....

I give consent for the above information about me to be recorded on the clinical record of the person who cares for me (delete if not applicable)

I give consent for the details of my Carer to be held on my medical records (delete if not applicable).

I give consent for my carer to have access to my medical records and personal details held by the Practice. The permission relates to *all / part of my record / specific condition only (delete as appropriate)*.

Where the permission is restricted to part of the record only, please specify below the precise limits of permission, and any areas of the record which are excluded.

.....

.....

I understand that the doctor may override this authority at any time, and that this permission will remain in force until cancelled by me in writing.

Signed: ..... Date: .....

Accepted by: ..... (Doctor) Date: .....

<b>Office Use Only:</b>	Date	Actioned (Tick)	Initials
Carer Code(s) entered on EMIS – Registration Details Carer - 918A Has a Carer - 918F			
Carer(s) information added to EMIS			
If Consent given on Page 1 - faxed to Carersline			
Copy Scanned to DOCMAN			
Original Document filed in Lloyd George Notes			