

Bedminster Family Practice - Forms

Details of the person who is cared for;

If the person for whom you care is also a patient at Bedminster Family Practice, please ask them to complete this section of the form;

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

Address:

.....

Date of Birth:.....

Home No. : Mobile No:

Email:.....

Please ONLY tick the permissions you would like to give;

I give consent for my personal details (as above) to be recorded on my Carer's clinical record
Yes **No**

I give consent for my Carer's details to be held on my medical records
Yes **No**

I give consent for my Carer to have access to ALL my medical records and personal details held by my GP Practice
Yes **No**

I give consent for my Carer to have access ONLY TO part of my records or relating to a specific condition only, as detailed below;
Yes **No**

Please specify below precisely which part of your record or which condition you want your Carer to have access to;

.....

.....

I understand that a doctor may override this authority at any time and that this consent will remain in force until cancelled by me in writing

Signed: Date:

Accepted by: (Doctor) Date:

Office Use Only:	Date	Actioned (Tick)	Initials
Carer Code(s) entered on EMIS;			
Carer (918A) & if applicable, Has a Carer (918F)			
Carer(s) information added to EMIS			
If Consent given, register with Carers Support Centre			
Copy of form scanned to DOCMAN			