



## Carers Registration Form

If you are someone that helps to support a relative, partner, friend or neighbour who needs help and support because they are frail, has physical or mental disability or alcohol and drug dependencies YOU ARE A CARER.

Please complete this form and return it to us. We will record in your notes that you are a carer, and if the person you care for is also registered we will add in their notes that they are cared for by you.

The benefits of registering as a carer with us are to help you arrange repeat prescriptions, immunisations, and arranging appointments that will fit in with your caring responsibilities.

### Carer Information:

Title		First Name			
Surname				Date of Birth	
Address					
				Post Code	
Telephone Number					
Mobile Number					
Email					
NHS Number:				Religion	
Your relationship to the person you care for					
When did your role as a carer start?					

### Carer Consent:

Please tick:

- I would like to be registered and receive Carers Newsletter
- I would like to be contacted by a Carers Support Worker

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Once registered with Carers Support they will contact you and provide personalised information relevant to you and your needs.

**Cared for Person Consent (optional)**

I consent for information about my health and wellbeing to be discussed with the person named on this form as my carer. I consent for my named carer being recorded on my medical records and that this person may request and/or collect my repeat prescription, test results and have access to online appointments and prescriptions.

I will contact the surgery if this information changes.

Title		First Name		
Surname			Date of Birth	
Address				
		Post Code		
Telephone Number				
Mobile Number				
Email				

Please briefly describe illness or disability:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_