Carers' Register

I am a carer. I want my name to go onto my GP's Carers' Register and give permission for this to be noted on my medical records.

My

name:_____

My

address:_____

_____

___

Signature:_____

___

Date:_____

_ My GP

is:_____

_____

_I care for the following:

Name(s):_____

_

_____

The person/people I care for is/are my …….
parent(s)☐ parent(s)-in-law☐ husband☐ wife☐ partner☐ daughter☐ son☐ other family member☐ friend☐ neighbour☐
Other???
(Please tick the relevant box)

The person I care for is registered with the same practice as I am Yes ☐ No ☐

If No, please give the address of the surgery or the name of the GP who treats the person you care for:

_____

_____

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Comments:_____

_____