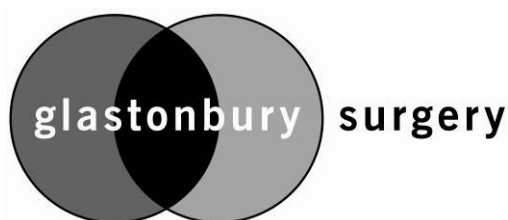


CARERS REGISTRATION FORM



Carers provide unpaid care by looking after an ill, frail, or disabled family member, friend or partner (Carers UK 2010)

It is useful for us to know which of our patients have taken on extra caring roles and have become a Carer. If you would like your notes to indicate that you are a carer, please complete this form and hand it to a member of staff at Reception. This information will be kept confidential.

YOUR DETAILS

Name:	Date of Birth:
Address:	
E-mail:	
Telephone:	GP:

WHO YOU CARE FOR

Name:	Date of Birth:
Address:	
E-mail:	
Telephone:	GP:
Relationship to you	
Reason for needing care	
Hours of care provided by you each week:	

- I would like this to be recorded on my notes
- I would like this to be recorded on the notes of the person I care for

I understand that this information is confidential and will not be given to any person or organisation without my permission.