

Carers GP Registration Form

Are you looking after or providing support for a relative, friend or neighbour?

Please let your GP know so you can be directed to the right information, support and services and he/she can compile information about the carers who are registered at the surgery.

Please complete the form below and return it to your GP Surgery.

If you wish to discuss your needs as a carer, please initially make a pre-booked consultation with your GP or a member of staff at the Surgery.

Carer	
Name	
Address	
Telephone	Date of Birth
I give consent for my details to be held by my Surgery and for them to contact me about the patient named below as necessary	
Signed	
Date	
Yes	
Person being cared for	
Name	
Address (if different from the carer above)	
Telephone	Date of Birth
If the GP/Surgery attended is different from the carer please give details	
I give consent for my details to be shared with my carer shown above	
Signed	
Date	
Yes / No	

If you would like free information about services available to support you please send this slip to

FREEPOST RRJZ-UEBJ-TULH Carers Together 9 Love Lane Romsey SO51 8DE

Telephone 01794 519495 Email admin@carerstogether.org.uk

We have local offices in Basingstoke, Horndean, Romsey and Southampton

Please put me on your database and send me a Carers Information Pack

Name

Tel

Address

Email

Caring for relative, friend, neighbour (please circle as appropriate)

Special interest or medical condition (optional)