

Carers Information
DO YOU NEED HELP TO COMMUNICATE WITH US?
YES / NO please circle

If you are a Carer or are cared for we would like to hold this information on your Medical Records. This will help us provide support as necessary and have a better understanding of your needs. You may be a carer even if you are a family member, such as a wife or son. By completing this form you agree that we can hold this information on your medical records.

Please complete the section below as appropriate:

Section A - I am a Carer

Your details

Full Name	
Address	
Contact Tel No's	Home
	Work / Mobile

I care for:

Full Name	
Address	
Contact Tel No's	Home
	Work / Mobile

Relationship (if any)	
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Is the person you care for registered at this Practice?

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Section B – I have a Carer

Your details

Full Name	
Address	
Contact Tel No's	

I am cared for by (or details of organisation)

Full Name	
Address	
Contact Tel No's	

Relationship (if any)	
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Is the person who cared for you registered at this Practice?
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Are you registered disabled?	
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Thank you for completing this form, please hand it in at Reception

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June 15