**Carer Registration and Consent Form.**

Do you look after someone – a relative, friend or neighbour who is ill, frail or disabled and is unable to or has difficulty looking after themselves? Do you give support to someo**ne who has mental health needs or misuses alcohol or drugs?**

If you are, that means you are a carer and by registering that you are a carer with the Practice it could mean that we are able to offer you more support.

Please complete this form and hand it to reception or post it to us.

**Name of GP Surgery**………………………………………………………………

**YOUR DETAILS:**

Surname:……………………….……….

Forename:…………………………………

Address:……………………………………………………………………………

………………………………………………………………………………………

………………………………………………………………………………………

Home No:……………………………….. Mobile No:………………………….

Email:…………………………………… DOB…………………………..

Relationship to person cared for:……………………………

I live with the person I care for**: Yes No**

I am their next of kin: **Yes No**

I am their emergency contact: **Yes No**

I am the main carer: **Yes No**

If I have a health problem I may need the practice to see me during

limited times or to provide a home visit**: Yes No**

I give consent to being registered as a carer with this practice**:**

Signed:…………………………………. Date:………………………..

I give permission for my details to be passed to the local Carers support centre for advice and support.  **Yes No**

**Practice Administrative staff only:**

If the carer has agreed for the information to be sent to Bristol and South Gloucestershire Carers Centre then please fax to:

Carersline **0117 965 5847**

**Patient Medical Consent Form.**

**DETAILS OF PERSON CARED FOR:**

Surname:……………………..…..……….

Forename:…………………………………

Address:……………………………………………………………………………

………………………………………………………………………………………

………………………………………………………………………………………

Home No:……………………………….. Mobile No:…………………………..

Email:……………………………………….….… DOB………………………

I give consent for the above information about me to be recorded on the clinical record of the person who cares for me.

I give consent for the details of my carer to be held on my medical records.

I also give consent for relevant medical information to be shared with my carer.

Signed:…………………………………….….. Date:…………………….