**Are you a Carer to a patient registered at this Practice?**

*A Carer is a person of any age, adult or child, who provides unpaid support to a partner, child, relative or friend who couldn’t manage to live independently (****not in******a parental role****) or whose health or wellbeing would deteriorate without this help. This could be due to frailty, disability, or serious health condition, mental ill health or substance misuse.*

*Carers tasks are many and varied. Commonly carers might perform domestic tasks such as shopping, managing finances, cleaning, washing and ironing; maybe in addition to maintaining their own separate households. Carers often do nursing tasks such as giving medication, changing dressings and helping with mobility. They may provide intimate care including washing the person cared for, dressing and attending to toileting needs. They may need to supervise medication or help with communication.*

***If you are a carer to another patient registered at this Practice, please complete the details below –***

Your full name: ……………………………………………………………………………………..

Your Date of Birth: ……………………………

Your Address (Including Postcode):

…………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………

Your HOME Telephone Number: …………………………………………………………..

Your WORK Telephone Number: …………………………………………………………..

Mobile Number: ……………………………………………………………………………………

***Person whom you care for***

Full Name of the Patient…………………………………………………………………………………………..

Their Date of Birth: …………………………………..

Their Address:

…………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………

Their Telephone Number: ………………………………………………………………………………..

The person named is my main carer. I agree to their details being added to my records.

 Yes No

You may also contact them in an emergency or if concerned about my health

 Yes No

Signed/Agreed by the Patient…………………………………………..

Signed/Agreed by the Carer ……………………………………………