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RH20 4FR

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Glebe Surgery Carer's 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 and date of birth :

Address:

Contact no :

I give consent for my details to be recorded on the medical records of the patient I care for.

I do not wish for my details to be recorded on the medical records of the patient I care for.

Signed :

Date :

Person being cared for

Name and date of birth:

Address (if different from the carer above)

Contact no:

I give consent for my details to be recorded on the medical records of the patient who cares for me.

I do not wish for my details to be recorded on the medical records of the patient who cares for me.

Signed:

Date: