

Carers' Identification Form

A carer is an adult who provides help/support to a partner, child, relative, friend or neighbour, who could not manage without this help due to frailty, illness, disability, a mental health condition or addiction.

Do you provide unpaid care/support to such a child or adult? Yes No

If you answered "Yes", how many people do you care for/support?

What is/are your relationship/s with the person/s you care for?

Is/are the person/s you care for registered to this GP practice?

Carer's Name:

Contact Numbers:

Signature:

Date:

Carers' Consent Form

Name of Patient:

Date of Birth:

Address:

Contact Numbers:

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I hereby give consent for the information provided to be added to my patient record, and for the above named carer(s) to discuss any relevant information about my condition on my behalf with my GP or Practice Nurse.

Patient's signature:

Date signed: