

Carers' Consent to Information-Sharing Form

To be completed by the patient at registration to the practice

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. The help/support provided is unpaid.

1.	Patient's name	
2.	Patient's date of birth	
3.	Patient's post code	
4.	Name of Carer 1	
	Name of Carer 2	
5.	Carer 1 address	
	Contact Number(s)	
	Carer 2 address	
	Contact Number(s)	

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: _____