

## 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. The help/support provided is unpaid.*

Completing and returning this form will provide us with a better understanding of your role as a carer, and your support needs as a patient here at The Moorings.

By completing this form you agree to the details you provide being added to your patient record.

If you answer "no" to question 1 there is no need to continue with the form.

1. Do you provide unpaid care/support to a child or adult who is unable to manage on his or her own due to physical/mental illness, a physical/learning disability, frailty or old age?  Yes  No

2. How many people do you care for/support?

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

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4. What is/are your condition/s of the person/s you care for?

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5. Approximately how many hours a day/week/month do you spend caring for/supporting this/these person/s?

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

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_