

The Haven Practice

Carer's Registration and Consent Form

If you provide unpaid support to someone who is ill, frail or disabled, including those with a mental illness or substance misuse problems, then you are a **CARER**.

Caring for someone is an important and invaluable role, which can involve long hours and may be both physically and mentally demanding. As well as offering you support ourselves, we can refer you to the Carers Centre for additional support and information and/or can arrange for you to have a Carers Needs Assessment which will highlight the help which you are entitled to.

In order to help us to help you, please fill in the information requested below, sign and tick boxes as appropriate. Once complete please hand this form in at Reception.

Your Details

Name D.O.B

Address

.....

Telephone Mobile:.....

I give consent to be added to the Carers Register at my GP Practice.

Signature Date

I have received a Carers Information Pack from my Practice

Referral Request

I would like someone from the Carers Centre to contact me

I would like to receive information from The Carers Centre by email
(e.g. To be notified about events & activities and to receive the *Carers News* newsletter)*

My email address

I would like to receive information from The Carers Centre by post*

I would like to be referred to Adult Social Care Services for a Carers Assessment
(Someone from The Carers Centre will contact you for more information)

Carer's signature.....Date.....

Details of the Person being cared for (OPTIONAL)

Name

Date of birth

Relationship to the Carer

Health condition(s)

* GP Practice

* Address

.....

*** If different from carer**

Optional consent from the person being cared for

I consent to my named carer being recorded on my medical records. ***

I consent to information about my health being discussed with the person named on this form as my carer. ***

I consent that this person may request and/or collect my repeat prescriptions and test results. ***

I will contact the practice if this consent changes.

Signature Date

***** Please delete if consent is not given**

For GP staff use only

Carers Information Pack given to Carer : Yes /No

Carer added to Carers Register : Date

Carer referred to The Carers Centre: Date

Referral to Social Services for a Carers Assessment Date

Fax page 1 to 01273 933688)