Do you look after someone who could not manage without you?

Could you be a carer?

Many people look after family or friends who require support due to Frailty, Disability or they have a serious health condition, mental ill health or substance misuse.

If you feel this describes you, then you could get help and support with this.

Please take a moment to fill in the GP carer’s registration form below and hand back in to reception.

**Tell us about yourself**

Your first name: …………………………………………………

Your surname: ……………………………………………………

Your home address: …………………………………………….

…………………………………………………………………………….

……………………………………………………………………………..

Postcode: …………………… Age: ……………………………….

Your date of birth: ...../..../….

Your email address: ……………………………...........................

Your mobile number: ……………………………………………..

Your home number: ……………………………………………….

Who are you caring for: ……………………………………………..

What is their date of birth: ………………………………………….

What is your relationship to them: ……………………………….

**Tell us more about your caring role**

What is the nature of the condition you care for?

…………………………………………………………………………

………………………………………………………………………….

How does your caring role affect your life?

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……………………………………………………………………………..

………………………………………………………………………………

Please note: completing this form does not automatically entitle you to have access to the medical records of the person you are caring for. Please ask for a consent form at reception.

Your signature: ……………………………………… Today’s Date: …./…./….

Please have a look through your welcome pack into a life of a carer.