



**CARERS REGISTRATION FORM**

If you provide unpaid support to someone (e.g. friend, relative, partner) who, because of illness or disability, could not manage without you, you can be described as their carer.

Caring for someone can affect your health and wellbeing and we want to find ways to help you stay well and continue caring for as long as you want to. The only way we can do this is if we know about you! To tell us you are a carer, please complete this form and hand back to reception or post it to us. We will then add you to our carers register and contact you with further information.

*Please circle either YES or NO to answer each question.*

**Carer Questions (Section 1)**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Registered GP Surgery: \_\_\_\_\_

1.) If you **are** registered at Horfield Health Centre, do you give us permission to add you to our carers register?

YES                      NO

2.) If you **are not** registered at Horfield Health Centre, do you give us permission to tell your GP practice that you are a carer. They might contact you about their support for carers.

YES                      NO

3.) Can we pass your details to the Carers Support Centre who will contact you about their support & advice services for carers?

YES                      NO

4.) Are you happy to be contacted by Horfield Health Centre about carers support offered by the practice?

YES                      NO

5.) How can we contact you: Telephone? YES / NO    Text Message? YES / NO

Letter in the post? YES/ NO

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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**Questions regarding the person who is cared for (Section 2)**

Name of the person who is cared for: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Registered GP Surgery: \_\_\_\_\_  
 Relationship to you, the carer (e.g. parent, child, friend, spouse): \_\_\_\_\_  
 Reason why care is required (optional): \_\_\_\_\_

I live with the person I care for:          Yes                                  No  
 I am their next of kin:                          Yes                                  No  
 I am their emergency contact:              Yes                                  No  
 I am the main carer:                            Yes                                  No

*If the person who is cared for is not registered at Horfield Health Centre, please ensure that their own GP is aware that they have a carer.*

**Carers access to records (Section 3 - optional)**

***For ONLY the cared for person to complete – will need to be registered at Horfield Health Centre, otherwise not applicable.***

- 1.) I give consent for the above information about me to be recorded on the clinical record of the person who cares for me:    Yes                                  No
- 2.) I give consent for the details of my carer to be held on my medical records:    Yes                                  No
- 3.) It might be important to you that the person who cares for / supports you can talk to us about your health and medical treatment. This can only happen with YOUR consent- see below. Please circle full (everything) or partial (medications, results and appointments)

I, (name) \_\_\_\_\_ authorise Horfield Health Centre to provide full / partial access to all parts of my medical notes and records to my carer (carer name) \_\_\_\_\_.

I understand that signing this form gives my carer access to my medical records, unless and until I decide otherwise.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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