

Carers Identification & Consent Form

Your Details as Carer

Surname: Forename:

Gender: Date of Birth:

Address:

.....

.....

Home No: Mobile No:

Email:

Relationship to person cared for :

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 I have a health problem I may need the practice to see me during limited times or to provide a home visit: Yes ☐ No ☐

I give consent to being registered as a carer with this practice.

Signed: Date:

This page is about the person cared for and requires completion and signature by them.

Details of Person Cared For

Surname: Forename:

Address:
.....
.....

Home No: Mobile No:

Email:

I give consent for my personal details above to be recorded on the clinical record of the person who cares for me and for the details of my carer to be held on my medical records.

Yes ☐ No ☐

I give consent for relevant medical information to be shared with my carer. Yes ☐ No

☐

Signed: Date: