FIRECLAY HEALTH
Your Health is Our Concern

Carers Registration Form

We keep a register of carers who are patients of this practice. If you are caring for someone, please complete and hand in at reception.

Your details: ***(to be completed & signed by you)***

First name(s):	Surname:
Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐	Date of Birth:
Address: Postcode:	
Home Telephone:	Mobile:
Relationship to person you care for:	
Are you the Main Carer of the person you care for? Yes ☐ No ☐	
Are you Next Of Kin for the person you care for? Yes ☐ No ☐	
Are you the Emergency Contact for the person you care for: Yes ☐ No ☐	
Do you have the permission of the person you care for to discuss their medical record: Yes ☐ No ☐	
Do you find it difficult to come to the surgery if you have a health problem because you cannot leave the person you look after? Please provide information below about any restrictions so that we can try to better support you to look after your health:	

I give consent to being registered as a carer with this practice and for information I have given to be shared with other professional care agencies to help me to continue to look after the person I care for.

Signed: _____ **Date:** _____

Details of the person you look after: ***(to be signed by him/her)***

First name(s):	Surname:
Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐	Date of Birth:
Address: Postcode:	
Home Telephone:	Mobile:
GP and Practice Details if different from Carer's & any other relevant information:	

I agree that the information given above by my carer is correct. I give consent for this information to be recorded on my record *(patients of Fireclay Health only)* and the record of the person who cares for me. I consent to relevant medical information being shared with the person who cares for me and with other professional care agencies involved in providing support to me.

Signed: _____ **Date:** _____