



## Carer Registration and Consent Form.

Do you look after someone – a relative, friend or neighbour who is ill, frail or disabled and is unable to or has difficulty looking after themselves? Do you give support to someone who has **mental health needs or misuses alcohol or drugs?**

For more information please visit: [www.livingwellessex.org](http://www.livingwellessex.org)

If you do, that means you are a carer and by registering that you are a carer with the Practice it could mean that we are able to offer you more support.

Please complete this form and hand it to reception or post it to us.

### YOUR DETAILS:

Forname:..... Surname:.....

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

Home No:..... Mobile No:.....

Email:..... DOB.....

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:.....

10 Falcon Square, Castle Hedingham, Essex, CO9 3BY  
T: 01787 461 465 w: [hedmed.co.uk](http://hedmed.co.uk) e: [admin.castlesurgery@nhs.net](mailto:admin.castlesurgery@nhs.net)

Dr W Littler • Dr R Silcox • Dr C Davies • Dr K Lethaby



I give permission for my details to be passed to the local Carers support centre for advice and support.                      **Yes**                       **No**

### **Patient Medical Consent Form.**

**DETAILS OF PERSON CARED FOR:**

Forename:..... Surname:.....

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

Home No:..... Mobile No:.....

Email:..... DOB.....

I give consent for the above information about me to be recorded on the clinical record of the person who cares for me.

I give consent for the details of my carer to be held on my medical records.

I also give consent for relevant medical information to be shared with my carer.

Signed:..... Date:.....