



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

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:

Forename:..... 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

Dr R Silcox • Dr C Davies • Dr S Gresham



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:.....