

# Information for Carers

## Carers Registration Form

### **Do you look after someone who is ill, frail, disabled or mentally ill?**

A carer is someone who, without payment, provides support to a partner, child, relative, friend or neighbour who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability.

### **Does this describe you?**

If so, you are a carer, and we would like to support you. Your own needs are important, as well as those of the person you care for.

We would like to add your name to our Carers Register at the surgery, so that your particular needs will be recognised and we can try to give you appropriate support.

### **Discussing the person you care for with their GP**

If the person who you care for is happy for you to discuss their medical needs with their GP, they will need to give consent for you to do this. This consent will be visible to the practice team and will ensure that you can speak to the practice team on their behalf.

**Please complete the form overleaf and return to reception.**

*A member of the practice team will contact you once your registration is complete.*

# Carers Registration Form

## Your details

Name

Date of birth

Address

Postcode

Contact number

Day:  
Evening:  
Mobile:

Registered GP

Signed: Date:

## Cared for person's details

Name

Date of birth

Address

Postcode

Contact number

Day:  
Evening:  
Mobile:

Registered GP

*Please specify other GP if not  
registered at BMC*

## Consent

I hereby consent for my carer ..... to speak to GPs and practice staff at Bridport Medical Centre on my behalf. I am aware that this will allow my carer to have full access to my medical records.

Signed: Date: