

## CARERS IDENTIFICATION FORM

### DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL, DISABLED OR MENTALLY ILL?

If so, you are a carer and we would like to support you. Please complete this form and hand it in to reception.

**If you look after somebody who is our patient and you wish to discuss his/her medical care and to have access to his/hers medical records, you need to ask the patient to give a consent. One of the doctors will assess if the patient is able to give consent before accepting it and recording in patient's records.**

#### YOUR DETAILS:

Name		Date of birth	
Address			Post code
Telephone Number		Mobile number	
Any relevant information (disability, med. condition etc)			

#### DETAILS OF THE PERSON YOU LOOK AFTER:

Name		Date of birth	
Address (If Different From Above)			Post code
Telephone Number (If Different From Above)		Mobile number	
GP Details (If Different From Your Own)			
Any relevant information (disability, med. condition etc)			