**GP CARERS FORM**

Are you looking after or providing support for a relative, friend or neighbour?

Please let your GP know so you can be directed to the right information, support and services

and he/she can compile information about the carers who are registered at the surgery.

If you wish to discuss your needs as a carer, please initially make a pre-booked consultation with your GP or a member of staff at the Surgery or contact the Carers Centre on 020 3137 6194 Sycamore Lodge, 1 Edgecote Close, Ealing W3 8PH

**Please complete the form below and return it to your GP Surgery.**

**Carers GP Registration Form**

***Carer***

Name

Address

Telephone

Date of Birth

Caring for relative, friend, neighbour (please circle as appropriate)

Special interest or medical condition (optional)

I give consent for my details to be held, as a carer, by the GP/Surgery and for them to contact me about the patient named below as necessary Yes / No

Signed Date

***Person being cared for***

Name

Address (if different from the carer above)

Telephone

Date of Birth

N.B. If the GP/Surgery attended is different from the carer please give details.

If the person being cared-for is unable to give consent, please discuss with the surgery

I give consent for my details to be shared with my carer shown above Yes / No

Signed Date