**White Rose Medical Practice logoWhite Rose**

**Medical Practice**

**Carers GP Registration Form**

**Do you look after or provide support for a relative, friend or neighbour?**

Please let you us know so you can be directed to the right information, support and services and so we can compile information about the carers who are registered at the surgery.

You can register at your GP reception desk bring this form in to reception.

*If you wish to discuss your needs as a carer, please initially make a booked consultation with your GP or a delegated member of staff at the Surgery.*

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| ***Carer***  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone/Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship with the person being cared for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    I give consent for my details to be held, as a carer, by the GP/Surgery and for them to contact me about my health and well-being    Signed: Date: |

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