

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

Carer

Name

Address

Telephone

Date of birth

Your relationship to
the person you care for

Wife/husband/mother/father/daughter/son/friend/neighbour
Other:

Are you their next of kin?

Yes / No (If no, please give details):

Are you the person to contact in an emergency?

Yes / No (If no, please give details):

Are you their main carer?

Yes / No

I give consent for my details to be held by my GP/surgery and for them to contact me about the patient named below as necessary

Signed

Date

Person being cared for

Name

Address

Telephone

Date of birth

Are you a patient at Richmond Surgery?

Yes / No

If no, please give us your
doctor's details

I give consent for my details to be shared with my carer shown above

Yes / No

Signed

Date