



Carers Registration Form

DO YOU LOOK AFTER A RELATIVE, FRIEND OR NEIGHBOUR WHO NEEDS HELP BECAUSE OF THEIR ILLNESS, FRAILITY, ADDICTION OR DISABILITY AND CANNOT COPE WITHOUT YOUR SUPPORT.

If so, you are a carer and we would like to support you. Please complete this form and hand it into Reception. If you are agreeable, we will also pass your details to Carers Support Wiltshire, which is a local organisation providing free confidential support, information and advice for carers. They can also discuss your need to be assessed by Adult Care Services.

DETAILS OF THE CARER:

Name			
Date Of Birth			
Address			
Telephone Number	Home	Mobile	
Employment status			
Can we contact you by email?	Yes / No	Email:	
Details about the care you provide			
Relationship to you:	Friend		Relative – please specify
	Neighbour		

- Can the person you care for cope without your support ? YES NO
- Are you the main carer? YES NO
- Do you receive Carers Allowance? YES NO
- Do you consent to be registered on our database as a carer? YES NO
- Do you consent for us to pass your details to Cares Support Wiltshire? YES NO
- Would you like to be considered for the annual flu Vaccination/health check? YES NO
- Would you like to be contacted about future carers support and events? YES NO



The Avenue Surgery

DETAILS OF THE PERSON BEING CARED FOR:

Name		
Date Of Birth		
Address (If Different From Above)		
Telephone Number (If Different From Above)	Home	Mobile
GP Details (If Different From Your Own)		

CONSENT FROM THE CARED FOR PERSON

Would the person you care for consent to have you named as their carer on their health records.	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes please obtain a signature from the person that you care for to confirm they are happy to have you named as their carer	Name Signature Date

*Please note: - In order for us to discuss any health details with you relating to the above named Patient, they will need to complete a 'consent to share' form and return it to Avenue Surgery.

Signed Date.....

Thank you for completing this form