

## Carers Information

If you are a Carer or are cared for we would like to hold this information on your Medical Records. This will help us provide support as necessary and have a better understanding of your needs. You may be a carer even if you are a family member, such as a wife or son. By completing this form you agree that we can hold this information on your medical records.

Please complete the section below as appropriate:

### **Section A - I am a Carer**

**Your details**

Full Name	
Address	
Contact Tel No's	Home
	Work / Mobile

**I care for:**

Full Name	
Address	
Contact Tel No's	Home
	Work / Mobile

Relationship (if any)	
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Is the person you care for registered at this Practice?
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### **Section B – I have a Carer**

**Your details**

Full Name	
Address	
Contact Tel No's	

**I am cared for by (or details of organisation)**

Full Name	
Address	
Contact Tel No's	

Relationship (if any)	
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Is the person who cared for you registered at this Practice?
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Are you registered disabled?	
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**Thank you for completing this form, please hand it in at Reception**