**Purton Surgery**

**Carer’s Register**

If you provide unpaid support to someone who is ill, frail or disabled, including those with a mental illness or substance misuse problems, then you are a **CARER.**

Caring for someone is an important and invaluable role, which can involve long hours and may be both physically and mentally demanding. As well as offering you support ourselves, we can refer you to Carers Support Wiltshire for additional support and information.

In order to help us to help you, please fill in the information requested below, sign and tick boxes as appropriate. Once completed please hand into the surgery.

**Your details**

Name……………………………………………………………………………………..

Address………………………………………………………………………………………

…………………………………………………………………………………………………

………………………………………………………………………………………………..

Day time telephone number…………………………………………………………..

I give my consent to be added to the Carers Register at my GP Practice

Signature……………………………………….. Date……………………………..

**Referral Request**

I would like someone from Carers Support Wiltshire to contact me *Yes [ ] No [ ]*

**Details of patient being cared for (*optional)***

Name………………………………………………………… DOB…………………….

Address (if different)………………………………………………………………………………………

…………………………………………………………………………………………………

**Consent from the person being cared for**

* I consent for my named carer being recorded on my medical records
* I consent to information about my health being discussed with the person named as my carer
* I consent that this person may request and/or collect my repeat prescription

Signature…………………………………………………. Date……………………………..