**Townfield Doctors Surgery**

**Carer’s Registration Form**

Are you looking after or providing support for a relative, friend or neighbour?

Please complete the form below and return it to us.

This will help us to direct you to the right information, support and services. If you wish to discuss your needs as a carer, speak to Reception to book an appointment.

**Carer**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth |  |
| Address |  |
| Telephone |  |
| 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 Townfield Doctors Surgery and for them to contact me about the patient named below as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**Person being cared for**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth |  |
| Address |  |
| Telephone |  |
| Are you a patient at Townfield Doctors Surgery? | Yes / No (If no, please give us your doctor’s details): |

|  |  |
| --- | --- |
| I give consent for my details to be shared with my carer named above. | Yes / No |
| Signed |  | Date |  |