



Ball Tree Surgery – Help us to support you

If you are an adult who is cared for by a relative, partner or neighbour then please read through and complete this form.

By formally registering with us as someone who has a carer we and other agencies are able to provide additional support. This is because we need to have your permission and the permission of the person caring for you coded into our records.

If you need any support please let our reception team know.

ABOUT THE PERSON THAT CARES FOR YOU (✓)

He/She is a current patient at Ball Tree	<input type="checkbox"/>	Answer the blue questions
He/She is newly registering at Ball Tree	<input type="checkbox"/>	Answer the blue questions
He/She is NOT a patient at Ball Tree	<input type="checkbox"/>	Answer ALL questions

Section One: About you

GP Practice: Ball Tree Surgery

NAME	Title	First Name	Surname
Your name:			
Date of birth*	/	/	
Ethnicity			

Contacting you (*use this section to update us only if your details have changed)

Home Phone _____

Mobile Phone _____

Work Phone _____

Email _____

Section Two: About your carer

Please note: If your carer is a patient at Ball Tree Surgery or has fully completed our Carer Form we only need their name and date of birth (*). Otherwise, all sections need to be completed.

Title*	
First name*	
Middle names	
Last name*	
Date of birth*	/ /
Ethnicity	

Contacting your carer

Home Phone _____

Mobile Phone _____

Work Phone _____

Email _____

Carer address (if not patient at Ball Tree)	Carer's GP Surgery (if not Ball Tree)
Line 1	Surgery
Line 2	GP
Line 3	Address
Line 4	
TOWN	
County	
POST CODE	

Your relationship to the person who cares for you? _____

If you have a legal relationship with your carer, such as a Power of Attorney, please describe:

When did your carer start looking after you? dd/mm/yyyy

Is the carer your next of kin?

Yes / No

Is the carer your emergency contact?

Yes / No

Is this person your main carer?

Yes / No

Any other notes for us?

Section Three: Your permissions for us

As we will be holding information about your carer and care needs on our system we need to have your permission and consent. Please read through the following and carefully consider your answers. Please talk with us if there is anything that you would like to ask us about.

I have considered carefully and have had the opportunity to ask questions and have understood the answers. I understand that I can change my mind about any of the following – however it is my responsibility to let the surgery know if my situation or decisions change.

I give my consent for Ball Tree Surgery to:

Add the code – ‘Has a Carer’ to my records

Yes / No

Add information about my carer to my records
(Name / contact details / relationship)

Yes / No

Let my carer request repeat medication on my behalf

Yes / No

Let my carer collect my repeat prescriptions and test results

Yes / No

Leave a message about me with my carer

Yes / No

Share information with my carer about my medical care and medical records.

Yes / No

Information about me to go on my Carer’s GP System that they care for me

Yes / No

Your signature:

Date:



Carers Support West Sussex
for family and friend carers

0300 028 8888
Opening Hours

Monday to Friday 9am - 5pm
Wednesday 9am - 7pm
Saturday 10am - 12pm

<https://www.carerssupport.org.uk/>