



___/___/___

Ball Tree Surgery – Help us to support you

If you help to support a relative, partner or neighbour who is ill, frail has a physical or learning disability or who has mental health or alcohol and drug problems, YOU ARE A CARER

Only if you formally register as a carer, are we and other local services able to provide additional support. We need to record your data permissions and the permissions of the person you care for, coded into our records. Please complete this form and bring it into the surgery to our reception desk. If you need any support please let our reception team know.

ABOUT YOU

(✓)

I am a current patient at Ball Tree	<input type="checkbox"/>	Fill in the BLUE questions
I am a new patient registering at Ball Tree	<input type="checkbox"/>	Fill in the BLUE questions
I am not a patient at Ball Tree	<input type="checkbox"/>	Fill in ALL questions

ABOUT THE PERSON YOU CARE FOR

He/She is a current patient at Ball Tree	<input type="checkbox"/>
He/She is newly registering at Ball Tree	<input type="checkbox"/>

Section One: About you

GP Practice Name _____

GP Name _____

GP Address _____

*Title	*First name	*Middle names	*Surname
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Date of birth*	___ / ___ / ___	Ethnicity	_____
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Contacting you

(*Ball Tree Patients, ONLY use this section to update us if your details have changed)

Contacts	Address
Mobile Phone _____	Line 1 _____
Landline _____	Line 2 _____
Work Phone _____	Line 3 _____
Email _____	Line 4 _____
	TOWN _____
	County _____
	POST CODE _____

Section Two: About the person for whom you care

If the person for whom you care is a patient at Ball Tree Surgery or has fully completed our Form for People who have carers, we only need **their name** and **date of birth** (*).

Otherwise, all sections need to be completed.

GP Name _____

GP Practice Name _____

GP Address _____

*Title	*First name	*Middle names	*Surname
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Date of birth*	___ / ___ / ___	Ethnicity	_____
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Contacting the person for whom you care

His / Her Contacts

Mobile Phone

Landline

Work Phone

Email

Address

Line 1

Line 2

Line 3

Line 4

TOWN

County

POST CODE

Caring relationships

Your relationship to the person for whom you care

If you have a legal relationship with this person, such as a Power of Attorney? If yes, please describe:

If you have a power of Attorney we will need to see and copy the original legal paperwork for our records

When did you start looking after this person?

Are they your next of kin?

Yes / No

Do you act as their emergency contact?

Yes / No

Are you this person's main carer?

Yes / No

Any other notes for us?

Section Three: Your permissions for us

Connections and relationships between our patients and their carers are also considered to be sensitive information. As we will be holding information connecting you and the person for whom you care on our system we need to have your permission and consent. For some of the following, it will only apply if the person for whom you care has also given their permission for you to access certain parts of their information. 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 'Is a Carer' to my records / a record related to the person I care for

Yes / No

Add my information to the person's records (if s/he consents)
(Name / contact details / relationship)

Yes / No

I agree to request repeat medication on their behalf (if asked) (if s/he consents)

Yes / No

I agree to collect their repeat prescriptions and test results (if asked)

Yes / No

Receive messages about them (if asked) (if s/he consents)

Yes / No

Share information about their medical care and medical records (if s/he consents)

Yes / No

Your signature:

Date:



Carers Support West Sussex
for family and friend carers

[https:// www.carerssupport.org.uk/](https://www.carerssupport.org.uk/)

0300 028 8888
Opening Hours

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