

## Carer – Patient Information Form

<b>Full name of patient/person cared for</b>	
<b>Their date of birth</b>	
<b>Their address</b>	
<b>Their telephone number</b>	
<b>The person named below is my main Carer. I agree to their details being added to my records</b>	
<input type="checkbox"/> <b>Yes</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>No</b></span>	
<b>You may also contact them in an emergency or if concerned about my health</b>	
<input type="checkbox"/> <b>Yes</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>No</b></span>	
<b>Signed/agreed by the patient</b>	
<b>Date</b>	
<b>Carer's information</b>	
<b>Your full name</b>	
<b>Your date of birth</b>	
<b>Your address</b>	
<b>Relationship to Patient</b>	
<b>Your home telephone number</b>	
<b>Your work number</b>	
<b>Your mobile number</b>	
<b>Signed by you</b>	

If any details change, please let us know as soon as possible – Thank You.

Please hand this form to any of the receptionists in the CASTLE PRACTICE

(This information is confidential and will not be used in any unrelated way to the care of the patient, but will be held on a carer's register)

As a carer it may be that you need further information in relation to benefits and aids/equipment to help and support you being a carer. Social Services have a lot of information and be contacted by telephone on 02890 855 855

The practice also holds a directory of local services that may be of help to you. Ask the receptionist for details.

*Carer* added to EMIS DT, R;   
*Patient* splash screen added with Carers info;   
*Carer* coded as Carer (918A);