



## Carers GP Registration Form

Are you looking after or providing support to a relative, friend or neighbour? Please let the surgery know so you can be directed to the right information and support and he/she can compile information about carers who are registered at the surgery

### Carer:

Name

Address

Telephone

Date of Birth

I give consent for my details to be held by my GP/Surgery and for them to contact me about the patient named below if necessary **Yes/No**

Signed

Date

### Person being cared for:

Name

Address (if different from the carer above)

Telephone

Date of Birth

If the GP/surgery attended is different from the carer please give details:

I give consent for my details to be shared with my carer as shown above **Yes/No**

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If you would like free information and support in regards to your caring role please send this slip to

***FREEPOST RSYE-ETJT-CBSK, The Princess Royal Trust For Carers In Hampshire, War Memorial Hospital***

***Charlton Road, Andover, SP10 3LB*** Telephone: 01264 835246 or email [info@carercentre.com](mailto:info@carercentre.com), or hand to the reception staff.

Name

Address

TelephoneEmail

Company No 2955846 Charity No 1040518

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