

IVY GROVE SURGERY

CARER FORM

If you are a Carer, we would like to hold this information in your medical records. This will help us provide support as necessary and have a better understanding of your needs. You may be a carer even if you are a family member such as a wife or a son. By completing this form you are agreeing that we can retain this information in your medical record.

As a carer if you provide regular and substantial care for a person aged over 18 years, you are entitled to have a detailed assessment of your needs as a carer. In addition support is available from the Derbyshire Carers Association who run monthly clinics at the surgery.

SECTION A – I AM A CARER	
Your Name	
Your Address	
Contact Tel. Numbers	Home: Mobile:
I care for :	
Full Name	
Address	
Contact Tel. Numbers	Home: Mobile:
Relationship (if any)	
Is the person you care for registered at this practice?	YES/NO
Is the person you care for registered disabled	YES/NO
Are you the next of kin for the person you care for?	YES/NO
Are you the emergency contact for the person you care for?	YES/NO

If you require access to hospital letters or online access to the record of the person you care for, please complete the proxy access to GP online services form enclosed in the Carers pack.

If you require verbal access for dealing with results or queries relating to the person you care for, please complete the consent letter enclosed in the Carers pack.