

# Stock Surgery

## Carers Registration Form

Are you looking after or providing support for a relative, friend or neighbour? Please let us know so you can be directed to the right information, support and services and we can compile information about the carers who are registered at the surgery. Please complete the form below and return it to the Surgery.

### Carer

Name ..... Date of Birth .....

Address .....  
.....

Telephone .....

I give consent for my details to be held, as a carer, by Stock Surgery and for them to contact me about the patient named below as necessary      Yes / No (delete as applicable)

Signed ..... Date .....

### Person being cared for

Name ..... Date of Birth .....

Address (if different from the carer above)  
.....  
.....

Telephone .....

**N.B.** If the GP/Surgery attended is different from the carer please give details. If the person being cared-for is unable to give consent, please discuss with the surgery.

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

Signed ..... Date .....