

**CARERS REGISTRATION FORM**

If you care for, or help, someone with an illness or disability, whether this is a partner, friend, relation or even a neighbour – then you are a carer. Here at the surgery we are trying to put together a register of all our patients who are caring for others. Once compiled, this register will help us acknowledge you and your needs as a carer, and enable us to provide you with further information where appropriate. In order to help us with this project, and provided you have no objection, we would be most grateful if you could fill in the information requested below and hand it in to the receptionist.

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| YOUR NAME |  |
| YOUR ADDRESS |  |
| YOUR CONTACT NUMBER |  |
| YOUR EMAIL |  |
|  |  |
| NAME OF PERSON YOU CARE FOR |  |
| THEIR DATE OF BIRTH |  |
| YOUR RELATIONSHIP TO THIS PERSON |  |
| REASON THIS PERSON NEEDS CARE |  |
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