

The Lime Tree Surgery

Working with



If you are a Carer who helps and supports someone who cannot manage on his or her own, we want to ensure YOU get all the support YOU need.

To be able to do this, we need to know certain facts about your caring situation, as listed in the form overleaf.

Please complete this form and hand it in at Reception.

If you are agreeable, we will pass your details onto Carers Support West Sussex, a countywide organisation providing relevant information and advice, local support services, newsletter and telephone link line for carers.

There is no charge for this, and it's your chance to discuss your role as a Carer and what help you may need to:

- ❖ Support you as a Carer
- ❖ Maintain your own health
- ❖ Balance caring with other aspects of your life, like work and family, looking at both your current and future needs.

It's NOT about judging the way you are caring for someone, nor should social services assume that you wish to become, or carry on being, a carer.

As a result of registering with Carers Support West Sussex, the local authority may provide services to help you in your caring role or to maintain your own health and well-being.

It can also look at the needs of the person you care for. This could be done separately, or together, depending on the situation.

Your Doctor's Surgery needs to know if you look after someone

Carer Registration and Referral

If you are an adult who helps to support a relative, partner, friend or neighbour who is ill, frail, has a physical or learning disability or who has mental health or alcohol and drug problems, **YOU ARE A CARER.**

Please complete this form and hand it to reception, who will record in your notes that you are a carer. This can help us provide you with help with: arranging repeat prescriptions, flu immunization, annual health checks and arranging appointments which fit in with your caring responsibilities.

Carer

YOUR DETAILS			
Name			
Address		Date of Birth	
		Home Phone	
Post Code		Mobile Phone	
Email;		Ethnicity	
Your relationship to the cared for person			
When did your caring role start?			
Any relevant information			

DETAILS OF THE PERSON YOU LOOK AFTER			
Name			
Address		Date of Birth	
		Home Phone (If different)	
Post Code		Mobile Phone (If different)	
GP details (If different)			

- I give my consent to be added to the Carers Register at my GP Surgery
- I give consent for my information to be shared with Carers Support West Sussex
- I would like to be contacted by a support worker from Carers Support Service.

Signed: _____

**Agreement by a patient to allow access to their personal details and / or
copies of correspondence.**

**This form must be returned to the practice by the person giving access to their
records and proof of identity shown to be accepted.**

Patient's Name	
Patient's Address & Post Code	

Details of person to be given access:

Name: _____

Relationship to named person: _____

Address: _____

Telephone number _____ Email address _____

I give permission for the person named above to have access to my personal details and
medical records held by the Practice.

Please tick applicable below:

- Allow access to my full records**
- Allow access to deal with my repeat prescriptions**
- Allow access to deal with a specific condition on my medical record**

Please list any specific conditions below:

I understand that this permission will remain in force until cancelled by myself in writing and
that the doctor may override this authority at any time.

Signed by Patient being cared for: _____ Date: _____

****If patient is unable to sign for themselves and/or come in with ID please leave blank***

And we will arrange for a GP to call or visit the patient to confirm that the patient has agreed with this.

For completion by Reception.

Photo Identification given	
Checked by	
Signature and date	

****Note to Receptionist: Please task Vicky if patient cannot sign with reason e.g. lacks capacity/ housebound and
send forms to goring.***