

Carer Registration and consent Form

Do you look after someone - a relative, friend or neighbour who is ill, frail or disabled and is unable to or has difficulty looking after themselves?

Do you give support to someone who has mental health needs or misuses alcohol or drugs?

Please complete this form and return it to reception.

YOUR DETAILS:

Surname:.....

Forename:.....

DOB:.....

Address:.....
.....
.....

Postcode.....

Home No:.....Mobile:.....

Email:.....

I would like to receive text message reminders Yes No

Relationship to person cared for:

I live with the person I care for: Yes No

I am their next of kin: Yes No

I am their emergency contact: Yes No

I am their main carer: Yes No

If I have a health problem I may be restricted in the times I am able to visit the Practice: Yes No

I give consent to being registered as a carer with this Practice:

Signed:.....Date:

We work closely with local carers support services, if you are happy for your details to be passed to them for advice and support please sign below:

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

If you would like to contact them directly, please ring:

East Midlands Carers Trust Tel: 0115 628920

Carers HUB Tel: 0115 8248824

For office use only:

Patient has been referred to support services

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

Patient Medical Consent form

If the patient is registered at Lombard Medical Centre and would like details adding to their record please complete below.

DETAILS OF PERSON CARED FOR:

Surname:.....

Forename:.....

DOB:.....

Address:.....

.....

.....Postcode:.....

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Home No:.....Mobile No:.....

Email:.....

I give consent for the above information about me to be recorded on the clinical record of the person that cares for me.

I give consent for the details of my carer to be held on my medical records.

I also give consent for relevant medical information to be shared with my carer.

Signed.....Date:.....