Appendix 3a: Sample Combined Carers Identification and Consent Form

DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL OR DISABLED

COMBINED CARERS IDENTIFICATION and CONSENT FORM

Are you looking after someone, a relative, friend or neighbour who is ill, frail or disabled and is unable or has difficulties looking after him or herself? Do you give support to someone who has mental health needs or misuses alcohol or drugs?

If you are, that means you're a carer and by registering that you are a carer with the Practice it could mean that we are able to offer you more support or link you up with organisations that could be helpful to you.

Please complete this form and hand it in to the receptionist or post it to us.

Your Details

Name	
Date of Birth	
Address	
Postcode	
Telephone Number	
Mobile Number	
Relationship to Person Cared For	

I give consent to being registered as a carer with this practice. I also consent for information I have given to be shared with other professional care agencies to help me to continue to look after the person I care for.

Signed: _____ Date: _____

Please help us to offer you support that be useful to you by ticking the relevant box or boxes below.

If I have a health problem, I find it difficult to come to the surgery because I cannot leave the person I look after; this means that there are only very limited times when I can come to the surgery to attend to my own health needs or I may need a doctor to do a home visit. ***If this is the case for you please tick the box.***	☐
Could the Practice offer me an annual appointment to check my health to help me stay as fit and healthy as possible to enable me to continue caring for as long as possible. ***If this would be helpful please tick the box***	☐
As a carer you have the right to a Carer's Assessment from Bristol City Council's Health and Social Care Department. This is an opportunity to say what help YOU need to look after the person you care for. ***To be referred for a Carer's Assessment please tick the box.***	☐
The Princess Royal Trust Carers Centre provides a range of services, support and information for carers. ***To be referred to the Carers Centre please tick the box.***	☐

Details of the Person You Look After

Name	
Date of Birth	
Address	
Postcode	
Telephone Number	
Mobile Number	
GP and Practice Details if different from your own	

I give consent for this information to be recorded on the record of the person who cares for me. I also consent to relevant medical information being shared with the person who cares for me and that it can be shared with other professional care agencies involved in providing support to me and person who is caring for me.

Signed: _____ Date: _____