CARER’S IDENTIFICATION FORM

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

If so, you are a carer and we would like to support you. Please complete this form and hand it in to reception.

We will add a note to your record to highlight that you are a carer. Please be assured that all information you provide will remain strictly confidential. We do not share information without you

Your Details:

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Address |  |
| Post Code |  |
| Telephone Number |  |
| Any Relevant Information |  |

Details of the person you care for:

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Address |  |
| Post Code |  |
| Telephone Number |  |
| Their GP Details |  |
| Any Other Information You Would Like to Give |  |

□ Please send me a list of local Carer’s support contacts.

***Thank you for completing this form.***