

Carers Identification Registration/Consent Form

By registering yourself as a carer we will be able to support and signpost you to the services available to you as a Carer.

Please complete both sides of the form.

Patients Details:		
Full Name:	DOB:	
Address:		
Home & Mob Number:		
Email Address:		
Relationship to the Carer (if applicable)		
Usual GP:		
Carers Details:		
Full Name:	DOB:	
Address:		
Home & Mob Number:		
Email Address:		
Relationship to the Patient:		
Are you a patient at MFMC:	Yes	No
Please provide brief details of the care you provide to the above named patient.		

Carers Registration Consent Form Continued

Adult Social Care Assessment.	
We can refer you to Adult Social Care for an assessment; they will identify your needs and provide further support to you as a carer.	
I consent to being referred to Adult Social Care for an assessment.	
Local Care Support services.	
We can refer you to the local carer support services, Carers Matter Norfolk; they provide a free service covering a lot of information that could help you as a Carer.	
I consent to being referred to the local carer support services.	

Patient Consent for Carer to have access to medical records.

I **do/do not*** give permission for my named carer to have access to my healthcare records held by the GP surgery. *Please delete as appropriate.

I am aware the authorisation will remain in force until I notify the surgery in writing.

I am aware that my GP may overrule my decision at any time and will notify me of the decision by telephone/text message.

Signature of Patient	Date:
Name in Capitals	

Carers Consent

I agree that I will treat all information confidentially and will not disclose this information to any third party without the express permission of patient named on this consent form. I will only use this information in the best interest of the patient.

Signature of Patient	Date:
Name in Capitals	

Please return the completed form to reception for the attention of Debbie Peters.

For Office Use	
Patient has a carer Emis Code 284460017	Date:
Copy to Scanning	Date :

Carers Registration Consent Form Continued