***Are you looking after or providing support for a relative or friend?***

***Are you being helped or supported by a relative, friend or neighbour***?

To assist the practice in offering you the right information, support and access to services, we need to know if you are a carer or are being cared for.

We would be grateful if you would complete the following information and return it to the Surgery as soon as possible.

**I am a carer** Relationship to person being cared for ………………………………………..

My Name ………………………………………………………………. Date of Birth ………………………………..

Address …………………………………………………………………………………………..………………………

………………………………………………………………………………………………..……….…………………..

…………………………………………………………….………Telephone No: ……………………………….……

*I give consent for my carer status to be recorded in my medical notes and for information to be shared with other statutory agencies if appropriate.*

Signature ………………………………………………… Date ……………………………………………………

**I am being cared for** Relationship to Carer ………………………………………….

My Name ………………………………………………………..……… Date of Birth………………………………..

Address …………………………………………….………………………………………………………….………....

………………………………………………………………………………………………………………….………….

……………………………………………………………………Telephone No ……………..………….…….……...

Medical condition: …………………………………………………………………………………………………….…

My Doctor ………………………………………….

Surgery address (if not registered with The Stubbington Medical Practice) …………..………………………….

……………………………………………………………………………………………………….……………..……...

*I give consent for my needs to be discussed with my carer*

Signature ………………………………………………… Date ……………………………………………………

**If you would like free information about services available to support you, please tear off this slip and send it to:**

 **FREEPOST RRJZ-UEBJ-TULH, Carers Together, 9 Love Lane, Romsey, SO51 8DE**