**Text

Description automatically generatedBeech House Surgery**

**Unpaid Carer’s Identification Form**

If you are a child or adult who helps to support a relative, partner, friend or neighbour who is ill, frail, disabled, or who has mental health or alcohol and drug problems, you are a carer.

Please complete this form and return it to us. We will record in your notes that you are a carer. This can help us with arranging repeat prescriptions, flu immunisation reminders, annual health checks, and arranging appointments which fit in with caring.

For help to complete this form, please ask at the surgery.

|  |  |  |
| --- | --- | --- |
| Your name: |  | |
| Your date of birth: |  | |
| Your address: |  | |
| Your contact numbers: | Home: | Mobile: |
| Your email address:  (in CAPITALS) |  | |
| Your relationship to the person you care for: | Spouse**□**  Partner**□**  Parent**□**  Other Relative**□**  Friend**□**  Neighbour**□** | |
| Are you their next of kin? | Yes **□** No **□** | |
| Are you their main carer? | Yes **□** No **□** | |
| Do you have Lasting Power of Attorney? (LPA) | Health & welfare  Yes **□** No **□** | Property & financial affairs  Yes **□** No **□** |
|  | \*If yes to health & welfare, please supply us with a copy | |

|  |  |  |
| --- | --- | --- |
| Name of the person you care for: |  | |
| Their date of birth: |  | |
| Their address if different to yours: |  | |
| Their primary condition: |  | |
| Details about the care you provide: |  | |
| Are they registered with us? | | Yes **□** No **□** |

#### Person cared for – optional consent – no LPA for health & welfare in place

I consent to information about my health being discussed with the person named on this form. I consent to my named carer being recorded on my medical records and that this person may request and/or collect my repeat prescriptions and test results. The Practice will be informed if this information changes.

Please complete this form to give your permission for a nominated person to have access to all or part of your medical records as instructed below:

|  |  |
| --- | --- |
| Your name: |  |
| Your date of birth: |  |
| **I give my consent for the person named below to have access to confidential information contained in my electronic and paper medical records.** | |
| Their name: |  |
| Their relationship to you: |  |

I would like them to have access to, or be provided with, the following (please tick)

|  |  |
| --- | --- |
| All the information contained in my medical records for the period:  From (date): To (date): |  |
| Test Results only (e.g. bloods & X-rays)  From (date): To (date): |  |
| All information contained in my medical records (with no date restrictions) |  |

I am aware that my GP may overrule my decision at any time and that this authorisation will remain in force until the end date stipulated above or until cancelled by me (in writing).

#### Your signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that I will treat all information confidentially and will not disclose this information to any third party without the express permission of the patient above. I will only use this information in the best interests of the patient.

**Carer’s signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GP signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only

|  |  |  |  |
| --- | --- | --- | --- |
| Read code entered |  | Scanned into patient’s records |  |
| Verified |  | Patient not present – Reception please call to confirm |  |
| Concerns |  |  |  |

**Local and National Support Services – for you to keep**

|  |  |  |
| --- | --- | --- |
| Single Point of Access | Carer’s needs assessment | 0300 4561000 |
| Citizens Advice Cymru | www.citizensadvice.org.uk/wales/ | 0800 702 2020 |
| NEWCIS | www.newcis.org.uk | 01745 331 181 |
| WCD Young Carers | www.carers.cymru/wcdyc | 01597 823 800 |
| Carers UK | www.carersuk.org/wales | 0808 808 7777 |
| Carers Trust North Wales | www.nwcrossroads.org.uk/ | 01492 542212 |
| Carer’s trust | carers.org/ | 0300772 9702 |
| tide | www.tide.uk.net/ | 0151 237 2669 |
| Wales Dementia Helpline | www.dementiahelpline.org.uk/ | 0808 808 2235 |
| Alzheimer’s Society | www.alzheimers.org.uk/ | 0333 150 3456 |
| Age Cymru | www.ageuk.org.uk/cymru/ | 0300 303 44 98 |
| Independent Age | www.independentage.org/ | 0800 319 6789 |
| Shelter Cymru | sheltercymru.org.uk/ | 08000 495 495 |
| Stroke Association | www.stroke.org/ | 0303 3033 100 |
| Macmillan Cancer Support | www.macmillan.org.uk/ | 0808 808 00 00 |
| Marie Curie | www.mariecurie.org.uk/ | 0800 090 2309 |