**LONG STRATTON MEDICAL PARTNERSHIP**

**Carer’s Consent Form**

**If you consider that you meet the criteria, fill in the slip below, and return it to the Receptionist. If you would like further information we are able to supply you with a Carer’s information pack.**

**INFORMED CONSENT FORM** (I am a Carer)

I confirm that I am a Carer and have agreed to these details being recorded within my medical record. I agree to notify the Practice if my current situation changes or if I no longer undertake a Carer’s role.

|  |  |
| --- | --- |
| **Full Name** |  |
| **DOB** |  |
| **Address** |  |
| **Relationship to person cared for:** |  |
| **Telephone No** |  |
| **Signed** |  |

**INFORMED CONSENT FORM** (I have a Carer)

I confirm that I have a Carer and I agree to these details being recorded within my medical record. I **give/do not give** (Delete as appropriate) permission for my carer to have access to my medical records and personal details held by the Practice. I agree to notify the Practice if my current situation changes or if I no longer have the need of a Carer.

|  |  |
| --- | --- |
| **Full Name** |  |
| **DOB** |  |
| **Address** |  |
| **Relationship** |  |
| **Telephone No** |  |
| **Signed** |  |

**Other points of contact are:**