



How can the Practice Support you:

If the Practice knows that you are a carer

- We will offer you a free flu vaccination
- We will offer you a "Carers Health Check" the clinician will check your blood pressure, take routine blood tests, discuss any lifestyle factors with you and can provide advice and suggest support if required
- We will offer support at any time that you need it.

Section A – Informing your GP surgery you are a Carer	
Title (Mr / Mrs / Miss / Ms / Other):	
Your name:	
Address & postcode:	
Date of birth:	Telephone:
Email:	
About the person or people that you care for:	
What county do they live in?	Your relationship to them (e.g. wife, son, mother, friend, etc):
What illness, disability or condition do they have?	

How would you say you are currently coping with your caring role? (please tick)			
Coping well	Just managing	Really struggling	At crisis point

By signing this form, you are agreeing to be registered as a Carer at your GP surgery.
Signed: (Carer) Date:

For surgery staff only: I confirm that I have checked the above information, the Carer has understood and signed the form and has been given a copy of the guidance notes and leaflet.
Name & signature: Date: