A close-up of a logo

AI-generated content may be incorrect.

**1. Carer Registration Form**

**Patient Details (Carer):**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Preferred Method of Contact: ☐ Phone ☐ Email ☐ Letter
* Relationship to cared for person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is the person you care for serving or served in the Armed Forces: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cared-For Person Details (if registered at same practice):**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relationship to Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is this person serving or served in the Armed forces: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nature of Caring Role (tick all that apply):**  
☐ Physical care  
☐ Mental health support  
☐ Personal care  
☐ Managing medication  
☐ Emotional support  
☐ Help with paperwork/finances  
☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you give consent for the practice to contact you regarding support for carers?**  
☐ Yes ☐ No

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_