I am registered with Durham County Carers Support  YES  NO

I am not registered with Durham County Carers Support,  
but would like to know more

Only complete the remainder of this form if you are able to gain the consent of the person you care for.

About the person I care for

Name .................................................................

Relationship to me .................................................................

GP SURGERY .................................................................

Name of GP .................................................................

I have a Carer who supports me and I would like this recorded on my patient records and I understand that my records may be linked to my Carer's patient records.

Signed .................................................................

Date .................................................................

Tel: 0300 005 1213
Email: admin@dccarers.org
www.dccarers.org

Charity Number: 1069278  Company Number: 3534933
Being a Carer can often affect your own health.

By letting your GP surgery know that you are caring for someone could help your GP offer you better support.

A Carer is someone who, without payment, provides care and support to a relative, partner, friend or disabled child who cannot manage without your help. As a Carer your health is as important as that of the person that you care for, as it ensures that you can continue to carry out your caring role.

It is important that you visit your doctor regularly and that you tell your doctor that you are in a caring role.

Contact Durham County Carers Support for help with:
- Specialist advice and information
- Home visits offering one to one support
- Practical help with completing forms, gaining benefits, grants and other funding and more...

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www.dccarers.org

Durham County Carers Support may have already advised your GP you are a Carer, but to enable your surgery to update their records you will need to complete this form and return it to YOUR surgery as soon as possible.

About me

Name .................................................................
Address ...........................................................
Postcode ...........................................................
Telephone Number ............................................
Date of Birth ....................................................... 
GP SURGERY ......................................................... 
Name of GP ........................................................

I hereby consent for my details to me added to your Practice Carers Register.

Signed ............................................................
Date ..............................................................