

CARERS QUESTIONNAIRE

A carer is an unpaid person who looks after a family member, friend or neighbour who is elderly, disabled or ill and needs help to live at home.

YOUR DETAILS

NAME:

ADDRESS:
.....
.....

DOB:

TELEPHONE:
.....

I LOOK AFTER

HIS/HER

NAME:

RELATIONSHIP (FAMILY MEMBER, FRIEND OR NEIGHBOUR):
.....

(IF A PATIENT REGISTERED HERE)

ADDRESS:
.....

DOB:.....

TELEPHONE:

CONSENT FOR INFORMATION TO BE ADDED TO MEDICAL RECORDS

I consent to my details being added to the medical record for the person I care for.

YES NO Signed