



ARE YOU A CARER?

Do you look after someone who cannot fully care for themselves? Please help us to help you by completing this form. If you have any questions the reception staff will be happy to assist you.

CARERS IDENTIFICATION FORM (Okehampton Medical Centre)

YOUR DETAILS

Name	
Address	
Post Code	
Tel No.	
Date of Birth	
Any other information you would like to give us	
Your GP Details	

DETAILS OF THE PERSON THAT YOU CARE FOR

Name	
Address (If different from your own)	
Post Code	
Tel No. (If different from your own)	
Date of Birth	
Any other information you would like to give us	
Their GP Details	

We will add to your patient notes that you are a carer. This information is important in helping us to establish the needs of our patients. We do not share your personal details with any other organisations without your permission.