Longfield Medical Centre

Tel: 01621 876433 www.longfieldmedicalcentre.nhs.uk

CARERS IDENTIFICATION FORM

DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL, DISABLED OR MENTALLY ILL?

If so, you are a carer and we would like to support you. Please complete this form and hand it in to reception.

YOUR DETAILS:

Name:	
Date of Birth:	
Address:	
Post Code:	
Telephone Number:	
Any relevant information:	

DETAILS OF THE PERSON YOU LOOK AFTER:

Name:	
Date of Birth:	
Address: (if different from above)	
Post Code:	
Telephone Number: (if different from above)	
GP Details: (if different from your own)	

If the person you care for would like you to have proxy access for their Online Services, ask at reception for an 'Online Proxy Access Form'.

If the person you care for would like you to have consent to speak on their behalf to our staff, ask at reception for a 'Consent Form'.