



Tell Us If You Are A Carer

Carer Information

It's important that everyone who works here at Ascot Medical Centre knows you are a carer so that we can offer you help and support if you need it. Anyone who looks after a friend or family member who cannot manage without them, and is unpaid, can register. This includes carers under the age of 18.

If you are a carer, please complete this form below.

FIRST NAME:

LAST NAME:

HOUSE ADDRESS:

POSTCODE:

DATE OF BIRTH:

PHONE NUMBER:

EMAIL ADDRESS:

RELATIONSHIP TO THE PERSON YOU CARE FOR

DO YOU HAVE A LASTING POWER OF ATTORNEY?

Yes No

ARE YOU HAPPY FOR US TO SEND TO DETAILS TO THE LOCAL CARERS SUPPORT SERVICE?

Yes No

HAVE YOU OR THE PERSON YOU CARE FOR EVER SERVED IN THE ARMED FORCES?

Yes No

Details of Person being cared for

FIRST NAME:

LAST NAME:

DATE OF BIRTH:

HOME ADDRESS:

PHONE NUMBER:

AGE OF THE PERSON CARED FOR?

0 - 15

16 - 24

25 - 34

35 - 44

45 - 54

55 - 64

65 - 74

75 - 84

85+

IS THIS PERSONAL REGISTERED AT THE ASCOT MEDICAL CENTRE?

Yes

No

ARE YOU IN RECEIPT OF CAERES ALLOWANCE?

Yes

No

ARE THERE ANY OTHER CARERS IN THE HOUSEHOLD?

Yes

No

WHAT ADDITIONAL SUPPORT DO YOU FEEL YOU NEED?

**I GIVE CONSENT TO THE PRACTICE TO CONTACT ME BY:
PLEASE SPECIFY**

By
Email

By
Phone

I WANT A COPY OF THE CONTENTS OF THIS FORM TO BE EMAILED TO ME

Yes

No

EMAIL:

I CONFIRM THAT THE PATIENT BEING CARED IS A REGISTERED PATIENT AT ASCOT MEDICAL CENTRE

**By submitting this form, you are giving consent for the Ascot Medical Centre to keep a record of your contact details on the cared for person's medical records.
Please be aware that should any of the above details change, it is your responsibility to notify the Ascot Medical Centre of the changes.**