CHEDDAR MEDICAL CENTRE, ROYNON WAY, CHEDDAR, SOMERSET, BS27 3NZ

Tel: 01934 742061 Fax: 01934 744374 Email: <u>CheddarMC@chedmed.nhs.uk</u> Website: www.chedmed.nhs.uk Practice Manager: Pauline Drummond

Dr T Elwyn Davies Dr Jill C Howard Dr Claire L Laband Dr Cassie Thomas Dr Laura C Martin

Carer, Patient Contact & Next of Kin Registration

What is a carer? "A carer is anybody who looks after a family member, partner or friend who needs help because of their illness, frailty or disability. All the care they give is unpaid." Source: http://www.nhs.uk/carersDirect/carerslives/aboutcaring/Pages/Whatisacarer.aspx

DETAILS OF THE PATIENT BEING CARED FOR:

Name:			DoB:	
Address:				
Patients consent (for us to make the following changes to your record):		Signed:		Date:

Please tick:
MAIN CARER OTHER CARER OTHER - FAMILY MEMBER or FRIEND

Name:					DoB:		
Address:							
Telephone contacts:							
Relation	ship to patient:						
Next of Kin?		Yes / No		Emergency Contact?		Yes / No	
Can discuss your medical record? It is your responsibility to notify us if the situation regarding your consent changes.		Yes / No					
Notes:							
Carer Consent (I understand that my records will be linked to the above named patient) Signed:			Date:				

Carer Support is available from Somerset Direct Adults on 0845 345 9133 or Compass Carers on 01823 255911

Please tick:
MAIN CARER OTHER CARER OTHER - FAMILY MEMBER or FRIEND

Name:			DoB:			
Address:						
Telephone contacts:						
Relationship to patient:						
Next of Kin?		Yes / No	Emergency Contact?		Yes / No	
Can discuss your medical record? It is your responsibility to notify us if the situation regarding your consent changes.		Yes / No				
Notes:						
Carer Consent (I understand that my records will be linked to the above named patient)		Date:				
Please tick: 🗆 MAIN CARER 🛛 OTHER CARER 🖓 OTHER - FAMILY MEMBER or FRIEND						
Name:				DoB:		

Address:						
Telephor	ne contacts:					
Relation	ship to patient:					
Next of Kin?		Yes / No	Emergency Contact?	Yes / No		
Can discuss your medical record? It is your responsibility to notify us if the situation regarding your consent changes. Notes:			Yes / No			
Carer Consent (I understand that my records will be linked to the above named patient)			Date:			