



## Carers Registration Form for GP Surgery

Are you looking after or providing support for a relative friend or neighbour?

Are you being helped or supported by a relative friend or neighbour?

Your GP needs to know so you can be offered the right information, support and access to services. GP Surgeries have to compile information for the government about the numbers of carers attached to the surgery so your information will help them to do this.

Please complete the form below and return it to the surgery as soon as possible.

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Are you a Carer? ..... OR Are you being cared for? .....

Your name: ..... Date of Birth:

.....

Your address:

.....

.....

.....

Tel No: .....

Your special medical condition:

.....

.....

Please insert below details of the person being care for, or who is caring for you.

Name: ..... Relationship to you:

.....

CROMWELL PLACE  
MEDICAL



Address (if different from yours):

.....  
.....

GP and surgery address if different from yours:

.....  
.....

Their special medical condition:

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