

I care for the following person(s):

Name(s): _____

Address: _____

Date of Birth: _____

The person/people I care for is/are my (please tick the relevant box)

Parent(s)	Parent(s)-in-law
Husband	Wife
Partner	Daughter
Son	Other family member
Friend	Neighbour
Other (please specify)	

Please give the name of the surgery/GP who treats the person you care for:

The person I care for is registered with the same practice as I am -
Yes / No

The person I care for resides at the same address as myself -
Yes / No

Whether you Care for a few hours a week, or for 24 hours a day, Blackpool Carers Centre can offer a wide range of confidential and independent services, helping you to Care.

Local area co-ordinators can be contacted at:
Blackpool Carers Centre, Norman House, Robson Way, Blackpool
FY3 7PP
Tel: 01253 393748
Email: admin@blackpoolcarers.org
Website: www.blackpoolcarers.org

Newton Drive Health Centre
Newton Drive, Blackpool FY3 8NX

Are you a Carer?

You may first be someone's:

- ❖ husband, wife or partner
- ❖ mum, dad, son or daughter
- ❖ friend, neighbour or loved one

but if you help to look after them because they couldn't manage on their own you are also a carer.

Telling your GP that you are a carer will help the practice be better able to support you and the person you care for.

Blackpool Carers Centre - Definition of a Carer:

A carer is someone who provides unpaid help and support to a partner, child, relative, friend or neighbour who could not manage without that help due to frailty, long-term illness or disability.

Carers come from a variety of social, financial, religious, ethnic and cultural backgrounds. The people they are caring for may be of any age and will be living with one or more of the following: a long term illness, behaviour difficulties, learning disabilities, mental ill-health, old age and senility, physical disability or substance misuse issues.

Carers are divided into two groups. Adult Carers (those aged 18+ years) and Young Carers (those aged under 18 years).

You may have been caring for the person for some time already, regularly helping them with everyday tasks or giving them the sort of support they need to stay in the family home.

You may see it as a part of your life or your duty to care for your Mum or Dad, your partner, your child or your friend, but there may be times when you need information, advice or some extra help.

When you are a carer it is often difficult to have a real break because someone depends on you to look after them. You can get tired and run down, and your own health may suffer.

Telling your GP can help him/her to support you and make sure that you yourself get the right sort of care and help you need. *You* are important too, you know. Carers themselves have felt that it is important that GPs recognise and value the work they do as carers. The government has responded by encouraging GPs to make special arrangements to support carers.

The practice is trying to trace all those patients who are carers and has set up a carers register. This will mean that carers like you are known to everyone at the surgery, and steps are taken to support them.

If you would like to let your Doctor know that you are a carer, please complete this form and either post it to, or hand it in at, the practice.

Your name can then be added to the practice's Carers Register. Any information you provide will be covered by the normal rules of patient confidentiality.

As a registered carer you are entitled to an annual Health check by your GP or the Practice Nurse.

In addition, the practice are able to put you in contact with Blackpool Carers Centre, should you so wish.

To be added to the Carers Register please complete the following:

Carers' Register

I am a carer. I want my name to go on to the practice's Carers' Register and give permission for this to be noted on the appropriate medical records held by the practice *[this will normally be on your own and the person who you care for provided you are both registered with the practice, otherwise it will just be noted on the medical records of those currently registered with us]*

(My) Full Name: _____

(My) Address: _____

Date of Birth: _____

Signature: _____

Date: _____

Please provide the information overleaf for the person(s) you care for.