

**CARERS REGISTRATION FORM**

I am a carer and give permission for this to be added to my GP clinical records.

My name is: .....

My address is: .....

.....

.....

My date of birth is: .....

I care for the following person/s: .....

My relationship to this person is (e.g. spouse, son/daughter, mother/father, friend, neighbour)

.....

Is the person you are caring for registered at Close Farm Surgery?

Yes

No

Signed: .....

Dated: .....

Once completed please hand this form into reception –  
Many thanks

***Please note, carers are eligible for a free flu vaccination at the surgery each year to help protect you and the person you care for. Remember to contact us in late August/early September to book this in with us.***