

Falldon Way Medical Practice
Carer's and Cared For consent form

Part 1: to be completed by the Carer:

Carer's Name and Address:

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Telephone number :Mobile?

Are you registered with Falldon Way Medical Centre? Yes / No

If not, please give the name and address of the General Practitioner you are registered with:

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I authorise Falldon Way Medical Centre to record me as being the carer of the person named below and to the above information being held for this purpose. If needed it may be shared with other professional care agencies. I understand how this information is to be used and that I may withdraw my consent at any time by advising Falldon Way Medical Centre (and my own General Practitioner if not at Falldon Way Medical Centre) in writing.

Signed: Date:

Part 2: to be completed by the Cared For:

Cared For's Name and Address:

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Telephone number :Mobile:.....

Relationship to Carer:

Registered with Falldon Way Medical Centre? Yes / No

If not, please give the name and address of the General Practitioner you are registered with:

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I authorise Falldon Way Medical Centre to record me as being cared for by the person named above and to the above information being held for this purpose and, if needed, shared with other professional care agencies. I consent to my medical records and care being discussed with the above named carer, on a 'need to know' basis. I understand how this information is to be used and that I may withdraw my consent at any time by advising Falldon Way Medical Centre (and my own General Practitioner if not Falldon Way Medical Centre) in writing.

Signed:,,, Date: ,,