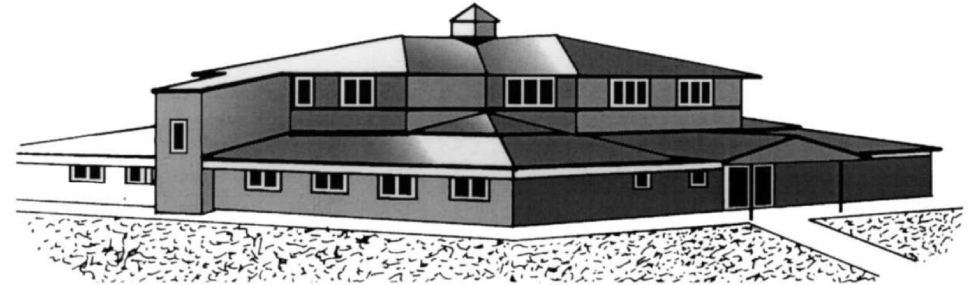


Carers – Help us to Help you

Manager: Derek Hope



Letting your GP know that you are a Carer

- GP Partners
- Dr D Carey**
MB BCh BAO DCH DGM FRCGP (Dublin 1988)
 - Dr J. Hamilton**
MB BCh BAO DCH DSRH MRCGP (Belfast 1990)
 - Dr N Moloney**
MB BCh BAO DCH DPC MRCGP (Dublin 1988)
 - Dr S Elliott**
MB ChB DRCOG DCH FRCGP (Dundee 1994)
 - Dr D Smith**
MB ChB MRCGP (Dundee 2003)
 - Dr Jane Crichton**
MB ChB MRCGP DCH DRCOG (Aberdeen 1998)
 - Dr L Cormack**
MB ChB BMSc MRCGP (Dundee 2010)

Whitefriars Surgery, Whitefriars Street, Perth. PH1 1PP

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Are you supporting or Caring for someone

Does someone in your home or in the neighbourhood depend on you to help with the tasks and /or responsibilities of everyday living?

Perhaps you care for someone in the family or for a friend?

If so, you are a carer and might like some support for yourself.

Telling your GP practice can help us to support you and make sure that you yourself get the right sort of care.

The surgery is trying to trace all those patient’s who are carers and set up a carers’ register. If you want the surgery to know that you are a carer, fill in this form and hand it in at the practice.

Any information you provide will be kept confidential.

A range of information for Carers can be found on our website www.greenpracticeperth.co.uk

I am a Carer:

I want my name to go onto my GP’s Carers’ Register and give permission for this to be noted on my medical records.

My Name: _____

Date of Birth: _____

My Address: _____

Email: _____

Signature: _____

Date: _____

The person /people I care for is/are my:

Name(s): _____

(Please tick the relevant box)

- | | | | |
|-----------|--------------------------|---------------------|--------------------------|
| Parent(s) | <input type="checkbox"/> | Parent(s)-in-law | <input type="checkbox"/> |
| Husband | <input type="checkbox"/> | Wife | <input type="checkbox"/> |
| Partner | <input type="checkbox"/> | Daughter | <input type="checkbox"/> |
| Son | <input type="checkbox"/> | Other family member | <input type="checkbox"/> |
| Friend | <input type="checkbox"/> | Neighbour | <input type="checkbox"/> |

The person I care for is registered with the same practice as I am:

- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If No, please give the name of the surgery or GP who treats the person you care for:

Office Use Only

Details coded and entered by:

Initials: _____

Date: _____