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# Letting your GP know you are a carer



You may not think of yourself as a carer. Do you provide:

- physical help?
- help with medication?
- personal care?
- emotional support?

If so...  
**you are a carer!**

**If you are looking after a friend or family member and you need some extra support, we are here to help**

If you are a carer. Please take a moment to fill out the reverse side of this slip and return it to reception.

(this does not include people who are employed to provide care)

## About the person you care for

Please tick one

- An older person
- A child or adult with chronic illness
- Spouse or partner
- Parent of child or adult with a disability
- Elderly mentally infirm person
- An adult with mental illness
- An adult with physical disabilities
- An adult with sensory disabilities
- A drug or alcohol misuser
- An adult with learning disabilities

Don't worry if the above options don't apply to you, please discuss with the nurse or doctor

Other, please specify below.

**Your relationship to the person you care for:**  
e.g. Friend, relative, etc

Is the person you care for registered with this practice?

Yes  No

Please give details of the person you care for to the receptionist when you return this form

## Details of Carer

Title:  Mr  Mrs  Miss  Ms

Family name:

Given name:

Gender:  Male  Female

NHS Number:

Date of Birth:

Address: (please include the postcode)

Telephone number:

Mobile number:

### About The person you care for

Title:  Mr  Mrs  Miss  Ms

Family name:

Given name:

Gender:  Male  Female

NHS Number:

Date of Birth:

Address: (please include the postcode)

Telephone number:

Mobile number:

### About The person you care for

Title:  Mr  Mrs  Miss  Ms

Family name:

Given name:

Gender:  Male  Female

NHS Number:

Date of Birth:

Address: (please include the postcode)

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