

Registration form for Person receiving care Blackfield and Waterside Health Centres

Consent from both parties is essential prior to completion of this form

The person receiving care should complete the section below. Please print clearly.

I am being cared for by a Relative / Friend / Neighbour, please circle as appropriate.

My name is:

Address:

Postcode:TEL:

My carer's name is:

Address:

Postcode:TEL:

I give consent for my details to be shared with my carer shown above: Yes/No (please delete as appropriate)

Signed:

Dated

Practice Staff: Please workflow or pass completed document to DATA team.

For the attention of the Operations Manager

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| Waterside & Blackfield Health Centres | Form | Page 1 of 2 |
| Carers Registration Form | | |
| Owner: IM&T Manager | Date: 17/09/12 | Issue Number: 02 |

Registration form for Carers Blackfield and Waterside Health Centres

If you are caring for someone else please
complete the section below:

Consent from both parties is essential prior to completion of this form

The person providing care should complete the form below. Please print clearly.

I care for a Relative, Friend, Neighbour, please circle as appropriate.

My Name is:

Address:

Postcode:TEL:

I am currently a registered patient with Red and Green Practice: YES / NO

The name of the person I care for is:

Address:

PostcodeTEL:

I agree that the Practice will keep my name and contact details on file incase they need to contact me in view of the person I care for.

Signed:

Dated

Practice Staff: Please workflow or pass completed document to DATA team.

For the attention of the Operations Manager

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| Waterside & Blackfield Health Centres | Form | Page 2 of 2 |
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