**CARER REGISTRATION AND REFERRAL FORM**

Please complete this form and return it to ***Burnham Surgery***. We will then make a note on your medical records that you are a carer.

I am the Carer for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Title |  |
| My First name(s) |  |
| My Last name |  |
| Date of birth |  |
| Address |  |
| Postcode |  |
| Telephone number |  |
| We work closely with ***Burnham Surgery***, who can offer you free, confidential advice and support. If you would like us to refer you to them for an information pack, please tick here **⃝** and sign below:  Signature:  Date: | |

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| **IMPORTANT**. If you are registered at a different practice than ours, please complete the form above and give it to your own GP practice instead, asking to be referred to your nearest carers service |