

**+.Midway Surgery  
LOOKING AFTER CARERS  
Registration Form**

Many people have caring responsibilities every day which involves giving unpaid support to a family member or friend who may need physical help or have a disability, long-term condition, or mental health, alcohol or substance misuse issues. It is important that we identify carers in order that their responsibilities do not have an impact on their own health or that of the person they are looking after.

***The Practice works closely with Carers in Hertfordshire who provide excellent support and can be contacted directly on 01992 586969 or via [www.carersinherts.org.uk](http://www.carersinherts.org.uk).***

If you are someone who is supporting someone else (unpaid), or someone who relies on another person for help and support, please complete the details below.

**COULD YOU BE A CARER?**

**Are you looking after someone unpaid who has a disability, long-term condition, mental health problem, or alcohol or substance misuse issues? If yes, please complete below:**

Your Name	
Your Address and postcode	
Your date of birth:	
Your contact telephone no.	
Name of person you care for	
Your relationship to the person you look after	
Reason as to why they need a carer	
What extra support do they need?	
Do they live at the same address as you	Yes / No If no, please give their address:
Are you a patient at Midway Surgery?	Yes / No
Is the person you care for a patient at Midway Surgery?	Yes / No
Do they give consent to having your details recorded as a Carer in their medical record?	Yes / No
Do you consent to having your contact details recorded in their medical records?	Yes / No
Would you like your contact details to be given to Carers in Herts in order to get more information and advice?	Yes / No
..... Carer's signature	..... Patient's signature

**DO YOU POSSIBLY RELY ON A CARER?**

**Do you rely on someone, whatever age, who is unpaid without whom you would not be able to live independently or your health and wellbeing would deteriorate without their help? If yes, please complete below:**

Your Name	
Your Address and postcode	
Date of birth	
Your contact telephone no.	
Relationship to the person who looks after you	
Reason as to why you depend in some way on a carer	
What extra support do you need?	
Name of your Carer	
Do they live at the same address as you	Yes / No  If no, please give their address:
Are you a patient at Midway Surgery?	Yes / No
Is the person who cares for you a patient at Midway Surgery?	Yes / No
Do they give consent to having their details recorded as a Carer in your medical record?	Yes / No
Do you consent to having their contact details recorded in your medical records?	Yes / No
Would you like your contact details to be given to Carers in Herts in order to get more information and advice?  Yes / No	
..... Patient's signature	..... Carer's signature

Additional support and information is available directly from:

Carers In Herts [www.carersinherts.org.uk](http://www.carersinherts.org.uk)  
HertsHelp [www.hertsdirect.org/your-community/ihertshelp](http://www.hertsdirect.org/your-community/ihertshelp)  
Hertfordshire Adult Care Services - over 18 year olds  
Hertfordshire Children, Schools and Families - under 18 year olds  
Herts Partnership NHS Trust - Drugs, Alcohol or Mental Health help  
Wellbeing Being Service – support for anxiety and depression

01992 586969  
0300 123 4044  
0300 123 4042  
0300 123 4043  
01727 804700  
0300 777 0707