



# Let your Doctor know you are a Carer

**If you want your doctor to know you are a carer, fill in the form overleaf and hand it to your doctor's reception.**

**Registering will enable your surgery to support you as a carer.**

## **CARERS' SUPPORT CENTRE**

**11 Redcombe Lane, Brigg, North Lincolnshire, DN20 8AU  
Telephone: 01652 650585 Fax: 01652 653637**

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Registered Charity Number 1070028**



**I am a carer and I want my name to go on my doctor's Carers' Register.**

**I give permission for this to be noted on my medical records.**

**My name:**

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**My address:**

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**My Signature:**

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**My Doctor is:**

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**I care for (name):**

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

Yes / No
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**If no, please give the address of the surgery or the name of the doctor who treats the person that you care for:**

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