

**EMP Carer Consent Form – Complete this section if you are our patient and you have a carer**

I consent to:

- a) The practice recording in my medical record that I have a carer
- b) The practice identifying my carer in my medical record
- c) The practice sharing medical information with my carer as relevant and necessary for my care

**Signed:**

**Print name:**

**Date:**

(Consent can be withdrawn at any time. If you wish to withdraw consent, please do so in writing)

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**EMP Carer Consent Form – Complete this section if you are a carer and our patient, and the person you care for is also our patient**

I consent to:

- a) The practice recording in my medical record that I am a carer, and adding my name to the practice carers' register
- b) The practice identifying the person I care for in my medical record
- c) The practice recording my contact details in the medical record of the person I care for, and sharing these with other healthcare professionals as necessary to facilitate the care of the person I care for

**Signed:**

**Print name:**

**Date:**

(Consent can be withdrawn at any time. If you wish to withdraw consent, please do so in writing)

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**EMP Carer Consent Form – Complete this section if you are a carer and our patient, but the person you care for is not our patient**

I consent to the practice recording in my medical record that I am a carer, and adding my name to the practice carers' register

**Signed:**

**Print name:**

**Date:**

(Consent can be withdrawn at any time. If you wish to withdraw consent, please do so in writing)

**Please turn over**

**Carer's details**

Name:

DOB:

Telephone number:

Address:

**Would you like us to pass your details to the Carer Support Centre, so that they can contact you?  
They are able to provide support and advice to carers. Yes \ No**

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**Details of the person being cared for (if they are a patient at the practice)**

Name:

DOB: