You may have been caring for someone for some time already regularly helping with their everyday tasks or giving them the sort of support they need to stay in the family home.

You may see it as part of your life or your duty to care for your parents, your partner, your child or friend, but there may be times when you need information, advice, or some extra help.

When you are a carer, it is often difficult to have a real break because someone depends on you to look after them, You can get tired and run down, and your health may possibly suffer.

Telling the surgery can help us to support you and make sure that you get the right sort of care.

**You too are important!**

We feel it is important to recognise and value the work you do as a carer.

Crick Medical Practice has a Carers Register so that carers like you are known and we can offer information and support that you may need?

If you would like to be included in this list, then please complete the end page of this form, detach it and hand it to the receptionist.

As a registered carer you are entitled to an annual health check, if you would like one, please ask a receptionist for details of how to book an appointment. You will also be entitled to a flu vaccine.

**Crick Medical Practice**

**Carer’s Register**

I am a carer. I want my name to go on the Carer’s Register and give permission for this to be noted on my medical records.

My name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which doctors Surgery are you with if not Crick? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I care for the following, Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The person/people I care for is/are

Parents Parents-in-law

Husband Wife

Daughter Son

Partner Friend

Neighbour Other \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**(Please circle)**

The person I care for is also

registered with Crick Medical Practice:

|  |
| --- |
|  |

|  |
| --- |
|  |

 Yes No

If no please give details of where the person you care for is registered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What disability/health condition do they have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We will refer you to Northamptonshire Carers for further information and support.

What help would you like to receive?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ie:

Carer support

COPD

Dementia

Long term health condition for patient

DISC – sports activities for children with special needs & families

#### The Carers Co-ordinator at Crick Medical Practice is:

**Helen George**

Please contact her for any help, information or advice.

\*\*\*\*\*\*\*\*\*

Your local carer’s centre is **Northamptonshire Carer’s**, whose team includes Carer Advisers, Young Carer Workers and Carer Support Workers.

 **CRICK MEDICAL PRACTICE**

 **01788 822203**

 Please let us know if you are a

**Carer**

 (This does not include people employed to provide care.)

#### Does someone depend on you to help with the tasks and/or responsibilities of everyday living? Perhaps you care for someone in the family or for a friend?

If so, you are a carer and might like some support yourself.

It is good for us to know if a patient has a carer.