

Informing Your GP Surgery if You Look After Somebody

**WE CARE
YOU CARE.**

If you are a **child or adult who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without your support, you are a carer.**

Please complete this form and hand it, or send it to your GP surgery, who will record in your notes that you are a carer. **This can help your surgery provide you with arranging repeat prescriptions, Flu immunisation, annual health checks and arranging appointments which fit in with your caring role.**

About me (carer)	
My GP surgery	
My NHS number (if known)	
My full name	
My D.O.B	
My address	
My contact phone number	
My relationship to person cared for	
Person cared-for	
Only complete this section if you are both at the same GP surgery.	
Full name	
D.O.B	
Address	
Phone number	

For information and self-signposting to local support visit
www.wecareyoucare.info