

**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**

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

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