

## The Beacon Health Group

### Carer Form

About Me – The Carer		
Forename(s):		
Surname:		
Date of Birth:		
Address:		
Postcode:		
Home Number:		
Mobile Number:		
Email Address:		
I give consent to share my contact details with the external carer support service – Carers First	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature:		
Date:		
About the person I care for		
<i>Please only complete this part of the form if you have consent from the person you care for</i>		
Forename(s):		
Surname:		
Date of Birth:		
Address:		
Postcode:		
Relationship to me:		
I have a carer who supports me and I would like this recorded on my patient record and I understand that my records may be linked to my carer's patient records	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature:		
Date:		