



## Carers GP Notification Form

Please understand that the information you give on this form will be treated as confidential information under the Data Protection Act 1998 and will be for the sole use of the General Practitioners of this practice in the carrying out of their professional duties.

### Details of Carer

Surname: ..... First Name: .....

Address: .....

.....

.....

Date of Birth: ..... Tel Number: .....

I give consent for the above details relating to me to be held on record at Newton Place Surgery.

Signature: ..... Date: .....

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### Details of the Person Being Cared For

Surname: ..... First Name: .....

Address: .....

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.....

Date of Birth: ..... Tel Number: .....

I give consent for the above details relating to me to be held on record at Newton Place Surgery.

Signature: ..... Date: .....

If you would like further information on either being a carer or being cared for please look on our website [www.newtonplacesurgery.nhs.net](http://www.newtonplacesurgery.nhs.net) under Care Information.