|  |  |  |
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|  | **THE LODGE SURGERY** |  |

**Carers’ Register**

**Who is a Carer?**

**Definition of a Carer:** ‘Anybody who provides support to another person, usually a relative or friend, who would not be able to manage without their help’.

**A Young Carer is defined as** ‘someone aged from 5 – 18 whose life is affected by caring for at least one family member, over and above just ‘helping out’.

**A Parent Carer is defined as** ‘a parent or other adult with parental responsibility, who cares for a child or young person who requires more care and support than other children or young people of the same age’.

**Carer’s Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | |  | | |
| Date of Birth | |  | | |
| Address | |  | | |
| Telephone Numbers | |  | | |
| Email Address | |  | | |
| Relationship to Cared for Person | |  | | |
| Are you | Next of Kin? | | Main Carer? | Emergency Contact? |

**The Person You Care For**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Date of Birth |  | | |
| Address |  | | |
| Illness / Disability |  | | |
| Are they registered at Lodge Surgery? | | Yes | No |
| *For patients registered at Lodge only:*  Do they consent to you having Proxy Access to their medical record? | | Yes | No |

*The proxy (Carer) must be registered for online services and always use their own login credentials. Carers must have the informed consent of the patient or, in cases where the patient does not have capacity to consent, the GP has decided that it is in the best interest of the patient for the applicant to have proxy access.*

**How Do You Help?**

|  |  |  |
| --- | --- | --- |
| All daily living | Yes | No |
| Mobility | Yes | No |
| Shopping | Yes | No |
| Personal Care | Yes | No |
| Correspondence | Yes | No |
| Other (Please give brief details) | | |
| Do you spend more than 10 hours per week as a Carer?  If so, please tell us how many: | Yes | No |
| When are you a Carer?  eg 24 hours a day every day, day or night-time only or a combination |  | |
| Would you like us to refer you to Carers Support Wiltshire\* for an assessment of your support needs? | Yes | No |
| *\* CSW is a non-NHS, charitable organisation who can help to provide you with additional support where needed. You can visit their website at* [*www.carersupportwiltshire.co.uk*](http://www.carersupportwiltshire.co.uk) | | |

**Alternative Carer’s Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | |  | | |
| Date of Birth | |  | | |
| Address | |  | | |
| Post Code | |  | | |
| Telephone Numbers | |  | | |
| Email Address | |  | | |
| Relationship to Cared for Person | |  | | |
| Are you | Next of Kin? | | Main Carer? | Emergency Contact? |

**Consent to Proxy Access to GP online services**

*For completion when all parties are registered at Lodge Surgery*

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name | | | |
| I give permission to Lodge Surgery to grant proxy access to my online services as indicated below to my named Carer(s): | | | |
| Carer 1 | Carer 2 | | |
| Online appointments booking | Yes | | No |
| Online prescription management | Yes | | No |
| My medical record | Yes | | No |
| I reserve the right to reverse any decision I make in granting proxy access at any time.  I understand the risks of allowing someone else to have access to my health records.  I have read and understand the information leaflet provided by the practice | | | |
| Signature of Patient | | Date | |

|  |  |
| --- | --- |
| I/we ………………………………………………………………………………………………………………………. (name of Carer(s)) wish  to have online access to the services indicated for …………………………………..…………….……… (name of patient).  **I/we understand my responsibility for safeguarding sensitive medical information and I/we understand and agree with each of the following statements:** | |
| I/we have read and understood the information leaflet provided by the practice and agree that I/we will treat the patient information as confidential | |
| I/we will be responsible for the security of the information that I/we see or download | |
| If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible and will treat such information as being strictly confidential | |
| Signature of Carer 1 | Date |
| Signature of Carer 2 | Date |

*The information supplied will only be used to update your records and that of the person for whom you care, for the purposes of offering better information and support. The information will not be disclosed to any third party without your consent.*

**For practice use only**

|  |  |  |  |
| --- | --- | --- | --- |
| The patient’s NHS number | |  | |
| Identity verified by  (initials) | Date | Method of verification  Vouched For 🞏  Photo ID and proof of residence 🞏 | |
| Proxy access authorised by | | | Date |
| * Record access enabled for contractual minimum * Refused | | Explanation | |