

The Surgery,  
Bell Lane,  
Minchinhampton.  
Glos. GL6 9JF.

Tel: 01453 883793  
[www.minchsurgery.nhs.uk](http://www.minchsurgery.nhs.uk)



Dr Susie Weir  
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Dear Carer,

The role you perform is incredibly important - to the person you care for, the practice, and our local community. We know that caring can have a considerable impact on your health and wellbeing, so to help you feel valued and avoid 'carer stress' there are steps you can take to support yourself:

- Please complete and return our carer **registration forms**. We can then add you to our "carer register" so you can be identified and prioritised by staff, including annual health and wellbeing checks for carers and early flu jab vaccination. If the person you care for agrees and fills in the patient consent form, we can then share their information and decisions about their care with you.
- We recommend you contact the **Gloucestershire Carers Hub** to discuss the non-medical aspects of your role as a carer and to request a statutory Carer's Assessment. You can contact them on 0300 111 9000 or by visiting their website [www.gloucestershirecarershub.co.uk](http://www.gloucestershirecarershub.co.uk)
- Minchinhampton Surgery work closely with carers and Carers Gloucestershire to improve the service we offer you and so we can become more "carer-friendly". Please find more information on our website [www.minchsurgery.nhs.uk](http://www.minchsurgery.nhs.uk) under the "patient support" carers section – we greatly value any feedback.
- We encourage carers to have a voice on our **Patient Participation Group (PPG)** to help promote the role of carers in our wider community. Please email them at [minchppg@gmail.com](mailto:minchppg@gmail.com) if you would like to learn more about the work of the PPG or become a member of the committee.
- If you are going into hospital to help care for a patient, you can get a "carer passport" for free parking and to go into the hospital outside of visiting hours. Please approach the ward sister at the relevant Hospital if this would be useful to you.
- Locally we have **Longfield Community Hospice** which offers free support services for carers of people with life-limiting illness. This includes counselling sessions, complementary therapies, and various classes. Please contact them on 01453 886868 or visit their website [www.longfield.org.uk](http://www.longfield.org.uk) for further information.
- Carers can download the 'Looking After Someone' booklet for free on the **CarersUK** website: [www.carersuk.org/las](http://www.carersuk.org/las)

Yours sincerely,

Dr Tristan Cooper  
Carer Lead, Minchinhampton Surgery

# Minchinhampton Surgery

## PART 1 - Carer registration form

### Are you a carer?

Does someone at home or in the neighbourhood depend on you to help with everyday living? If so, you are a carer and might like some support yourself. Telling your GP can help make sure you get the support and care you need. Please fill in the form below and return it to reception to notify us that you are a carer for someone. Please inform the surgery if your carer situation changes in the future.

### Carer details

I am an unpaid informal Carer. I want my name to go onto my GP's Carer Register and give permission for this to be noted on my medical records. I care for the person listed below and would like my details as a carer to be noted on their medical record (*if applicable*).

Full name:	
DOB:	
Address:	
Tel number:	
Email address:	
GP surgery:	
Date:	
Signature:	

### Patient details

Full name:	
DOB:	
Address:	
Tel number:	
Email address:	
GP surgery:	
Date:	
Signature*:	

*\*Signature not needed if patient is under 13 years old or lacks capacity to consent*

### Additional information

What are the conditions of the person you are caring for? \_\_\_\_\_

Are you caring for someone who is nearing the end of their life? YES / NO

What additional support do you feel you need? \_\_\_\_\_

## PART 2 - Patient consent to share information with carer

### Patient statement

I give permission for my carer to have access to my personal details and medical record held by the practice. I understand that this permission will remain in force until cancelled by me in writing and that the doctor may override this authority at any time. I confirm that my GP has sole discretion to withhold any or all copies of correspondence.

### Level of permission (please tick ONE only)

I give permission for access to **ALL OF** my personal details and medical record held by the practice. ☐

I give permission for access to **PART OF\*** my personal details and medical record held by the practice. ☐

*\*If you would like your named carer to only have partial access to your medical record, please detail below exactly what access is allowed & if there are any excluded areas:*

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### Patient details

Full name:	
DOB:	
Date:	
Signature*:	

*\*Patient signature not needed if patient is under 13 years old or lacks capacity*

### Carer details

Full name:	
DOB:	
Date:	
Signature:	

### For practice use only

### GP agreement

I authorise the above named carer to have access to the personal details and medical record held by the practice for the above named patient. The patient does / does not have capacity to consent (please select as appropriate).

GP name:	
Date:	
Signature:	