You may have been caring for the person some time already, regularly helping them with everyday tasks or giving them the sort of support they need to stay in the family home.

You may see it as part of your life or your duty to care for your mum or dad, your partner, your child or a friend, but there may be times when you need information, advice or some extra help.

When you are a carer it is often difficult to take a real 'break' because someone depends on you to look after them. You can get tired and run down, and your own health can possibly suffer.

Telling your GP you are a carer can help them to support you.

YOU are important too.



Office use only:
Details coded and entered by:
Initials:
Date:

A carer -

- Can be any age.
- Is someone who cares for another person without financial gain.
- Could be related to the person they care for, or might not be.
- Supports the person in ways that if they did not, the person would not cope with everyday life.

A person might need a carer to support them because of -

An illness

A disability

A mental health problem

or

An addiction.





Letting your GP know you are a carer

Does a family member or friend depend on you to help with the tasks and/or responsibilities of everyday life?

If you are a carer you may need some support yourself.

We hold a carers register. We can offer support if you need it.



Useful contacts

Carers Oxfordshire

www.carersoxfordshire.org.uk/ Email:carersoxfordshire@oxfordshire.gov.uk

Action for Carers Oxfordshire

www.ageuk.org.uk/oxfordshire/our-services/action for carers oxfordshire/

Rethink

www.rethink.org/services-groups/servicetypes/carer-support







Whether you are a carer for a few hours a week, or for 24 hours a day, Carers Oxfordshire can offer you a wide range of confidential and independent services, helping you to care.

Local area coordinators can be contacted at:

Carers Oxfordshire: 0345 050 7666

(Ask to be referred to an outreach worker)

If you are recorded as a persons carer this does not mean you can automatically gain access to their medical records or speak to the Health Centre on their behalf.

We require SIGNED CONSENT from the patient to authorise this.

Carers' Register

I am a carer. I would like my name to go onto my GP's Carers' register and I give permission for this to be recorded in my medical records

permission for this to be recorded in my medical records.				
Name:				
Date of Birth:				
Address:				
Mobile numbe	er:			
Email address:				
Signature:				
Date:				
to date.	that we keep o			
Email	Text	(please circle)		
to see if you a	re still a carer?			

Name(s): DOB: Address: The person/persons I care for is/are my (please circle) Parent(s)	I care for:	
The person/persons I care for is/are my (please circle) Parent(s) Parent(s)-in-law Husband Wife Partner Daughter Son Other family member Friend Neighbour The person I care for is registered with Chippin Norton Health Centre- Yes No If no, please give the details of their GP surger	Name(s):	
The person/persons I care for is/are my (please circle) Parent(s) Parent(s)-in-law Husband Wife Partner Daughter Son Other family member Friend Neighbour The person I care for is registered with Chippir Norton Health Centre- Yes No If no, please give the details of their GP surger	DOB:	
(please circle) Parent(s) Parent(s)-in-law Husband Wife Partner Daughter Son Other family member Friend Neighbour The person I care for is registered with Chippin Norton Health Centre- Yes No If no, please give the details of their GP surger	Address:	
(please circle) Parent(s) Parent(s)-in-law Husband Wife Partner Daughter Son Other family member Friend Neighbour The person I care for is registered with Chippin Norton Health Centre- Yes No If no, please give the details of their GP surger		
Husband Wife Partner Daughter Son Other family member Friend Neighbour The person I care for is registered with Chippin Norton Health Centre- Yes No If no, please give the details of their GP surger		ns I care for is/are my
Partner Daughter Son Other family member Friend Neighbour The person I care for is registered with Chippir Norton Health Centre- Yes No If no, please give the details of their GP surger	` '	Parent(s)-in-law
Son Other family member Friend Neighbour The person I care for is registered with Chippir Norton Health Centre- Yes No If no, please give the details of their GP surger		
Friend Neighbour The person I care for is registered with Chippin Norton Health Centre- Yes No If no, please give the details of their GP surger		_
Norton Health Centre- Yes No If no, please give the details of their GP surger	••	
If no, please give the details of their GP surger		
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		the details of their GP surger
GP address:	If no, please give t	