

# Addington Road Surgery

77 Addington Road, West Wickham, Kent BR4 9BG  
'Striving for Excellence in Holistic Health Care'

## Partners

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## **Carer Registration Form**

If you provide unpaid care for a family member, friend, or neighbour due to illness, disability, mental health condition, or substance misuse, please complete this form to help us support you in your caring role.

### **Carer Details**

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

### **Details of the Person You Care For**

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Nature of Caring Responsibilities**

Please tick all that apply:

- ☐ Personal care (e.g., washing, dressing)
- ☐ Mobility assistance
- ☐ Administering medication
- ☐ Emotional support
- ☐ Managing finances
- ☐ Other (please specify)

## Support and Social Prescribing

Our Social Prescriber provides dedicated support for carers by connecting them to local services, groups, activities, and organisations such as Bromley Well.

Would you like a referral to our Social Prescriber?

- ☐ Yes  
☐ No

Would you like additional information about Bromley Well?

- ☐ Yes [Unpaid Adult Carers - Bromley Well](#)  
☐ No

### Consent:

I consent to Addington Road Surgery recording my carer status, referring me to the Social Prescriber (if indicated above), and sharing relevant information to facilitate support.

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Carers Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Once completed, please return this form to the reception desk.*