**TO BE COMPLETED BY CARED FOR PATIENT**

Dear Patient (insert name),

**We have received notification that you have a Carer**.

We require your confirmation that this information is correct and that you consent for your Carer’s contact details, as listed below, to be held on your patient record, and for your contact details to be recorded on your Carer’s patient record (if they are a patient here at insert GP practice name).

**Please note that only contact details will be recorded on each record, no medical information will be recorded.**

**Cared for Patients Details**

Your name [print] ………………………………………………….

Your date of birth ………………………………………………….

**Carer’s Details**

Carer’s Name ……………………………………………

Carer’s Contact details ……………………………………………

**I confirm that these details are correct:**

Cared for patient Signature ……………………………………………

Date ……………………………………………

Yours sincerely

**Carers Lead**

**Insert GP practice name**