


Linden Medical Group

Linden Medical Centre, 54 Linden Avenue, Kettering, NN15 7NX

Tel: 01536 481734

www.lindenmedical.co.uk

 www.facebook.com/lindenmedicalgroup

Agreement by a Patient to allow a Carer to have access to their Personal Details and / or Medical Records

Patient's Name	
Patient's Address & Post Code	

To: Linden Medical Group

I give permission for my Carer, (Carer's name :.....) to have access to my personal details and medical records held by the Practice. (Details below)

Please tick which option is applicable below:

This permission relates to all my records.	<input type="checkbox"/>
--	--------------------------

The permission relates to part of my records.	<input type="checkbox"/>
Please specify the parts of the record to which access is allowed and any areas which are specifically excluded.	

This permission relates to a specific condition.	<input type="checkbox"/>
Please specify the condition.	

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.

By signing below I consent to the above information being recorded on my medical record.

Print Name: _____ Signed Patient: _____

Date: _____

Linden Medical Group

Linden Medical Centre, 54 Linden Avenue, Kettering, NN15 7NX

Tel: 01536 481734

www.lindenmedical.co.uk

 www.facebook.com/lindenmedicalgroup

Carers Identification and Referral Form

Do you look after someone with a long-term illness, who is disabled, frail or suffers with dementia?

YOUR DETAILS:	
Name	
Date of Birth	
Address	
Post Code	
Home Phone	
Mobile Phone	
Signature :	Date:

DETAILS OF THE PERSON YOU LOOK AFTER:	
Name	
Date of Birth	
Address & Postcode (If different from above)	
Contact Telephone No (If different from above)	
Relationship to me	
Details of medical condition and details of the care that you provide	
Details of the GP practice where the person you care for is registered	

We will refer you to the Carers Service for further information and support.
Please tick if you do NOT wish to be referred.

*The Carer's service is a countrywide organisation offering support to carers and young carers by providing useful information, support and advice.

Please complete this form and hand it to our receptionist.

Thank you for completing this form