**Carer Status Request Form**

**Your details:**

Name:

Date of birth:

Are you employed as a carer (in a Nursing home or an Agency)? Yes/No

**Family member who you are caring for:**

Name:

Date of birth:

Is he/she registered at this Practice? (if not, please state name of GP practice)

What is their relation to yourself?

What is the reason you care for this person?

Do you live in the same household as this person? Yes/No