



# PORTESHAM SURGERY

**DR N H FOWLER, MB, MRCGP**

**DR L K BEALE MBBS, DRCOG, MRCGP, DFFP**

**DR E JONES MBBS, MRCGP**

So that we can provide appropriate support to yourselves, I would be grateful if you could spare a few moments to complete the following information regarding yourself and the person(s) you care for:-

<b>Carer name:</b>	
<b>Contact number(s):</b>	(Home)..... (Mobile) .....
<b>Email address:</b>	.....
<b>Would you like communications via email or text?</b>	Preference .....
<b>Name of person you care for (1):</b>	Relationship: Professional / Family / Friend
<b>Name of person you care for (2):</b>	Relationship: Professional / Family / Friend
<b>Is the person(s) you care for registered with Portesham Surgery</b>	Y/N
<b>In what capacity do you care for the individual? i.e Sole carer / live in / daily or weekly visits</b>	
<b>As your Carers Lead is there anything I can help you with? Do you have any specific signposting requirements i.e; dementia care, stroke support, local services, support groups, that you require our assistance with?</b>	
<b>Consent</b> Please note that if you feel as a carer you require access to the medical records for the person you care for, you can either provide a copy of the legal Power of Attorney for Health and Welfare or alternatively the person can attend the practice to sign a consent form to share information. Please ask the surgery for further information.	

**Please return the completed form to the surgery address below. Thank you**

The Surgery, Malthouse Meadow, Portesham, Weymouth, Dorset DT3 4NS  
 Telephone: 01305 871 468 Email: Portesham.reception@dorsetgp.nhs.uk