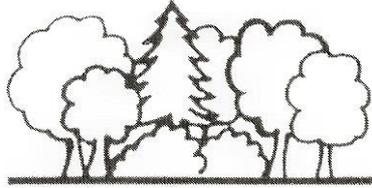


DR. HAROON MUFTI
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WOODLANDS PRIMARY CARE



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CARER'S REGISTRATION FORM

Are you looking after, or providing support for, a relative, friend or neighbour?

We need to know so that you can be offered the right information, support and access to services. GP surgeries have to compile information for the Government about the numbers of carers attached to the surgery, so your information will help them to do this. Please complete the form below and return it to the surgery as soon as possible. Thank you.

Are you a carer? YES
Your name: _____

Date of birth:- _____ Your address:-

Tel. No _____

Please insert below details of the person you are caring for:-

Name: _____

Relationship to you _____

Address (if different from yours) _____

GP and Surgery address (if different from yours):-

Their special medical condition:- _____

(please continue overleaf if required)