

# THE HEDON GROUP PRACTICE

Market Hill House  
Hedon  
Hull  
HU12 8JD  
Telephone: (01482) 899111  
Fax: (01482) 890967  
Dispensary Fax:: (01482) 895480

**Dr A M Green**  
**Dr H U Rhodes**  
**Dr V M J Walster**  
**Dr S J Mason**  
**Dr V K Menon**  
**Dr J L Myers**  
**Dr M N Ikpoh**  
**Dr N P Cross**  
**Dr J Russell**

Also at:  
Chapel Lane  
Keyingham  
HU12 9RA  
Telephone: (01964) 622706

(Person being cared for to complete)

I hereby give my consent for ..... (Name)

..... (Address)

..... (Telephone No)

- to access any results and medical information from my medicals records at any time
- to access any results and medical information from my medical records on this occasion only

*(Please delete as appropriate)*

The person named above can be registered as my carer    Y            N    *(Please circle as appropriate)*

..... (Signature)

..... (Print Name)

..... (date of birth)

..... (Date)

..... (Carer's telephone number)

**THE HEDON GROUP PRACTICE  
CARERS IDENTIFICATION AND REFERRAL FORM**

*(Carer to complete)*

**DO YOU LOOK AFTER SOMEONE WHO IS  
ILL, FRAIL, DISABLED OR MENTALLY ILL?**

If so, you are a carer and we would like to support you.  
Please complete this form and hand it in at the Reception.

**If you are agreeable, we will pass your details to Carers Support Service, which is an organisation providing relevant information and advice, local support services, newsletters and telephone links for carers.**

**YOUR DETAILS**

Name	
Date of birth	
Address	
Post Code	
Telephone number	
Relationship to patient	
Any relevant information	

**DETAILS OF THE PERSON YOU LOOK AFTER**

Name	
Date of birth	
Address (if different from above)	
Post Code	
Telephone number (if different from above)	
GP Details (if different from your own)	

Please indicate below which action(s) you wish us to take:

- I consent to my details being added to the Carers Register held at Hedon Group Practice
- Please pass my details to the East Riding Carers Support Service, 18 Wednesday Market, Beverley, HU17 0DJ

Signature: ..... Date: .....

**Thank you for completing this form**