**My Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear Mulberry Street Medical Practice

Please note on my GP patient record that I am an unpaid carer.

**I currently care for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Their date of birth is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The purpose of this is to ensure that I’m called for any relevant vaccination programme or health information. Importantly, this also means that the health needs of the above can be considered should anything happen to me.

I confirm that I am providing unpaid care for a disabled or older person whose welfare would be at risk if I was unable to provide that care. I would like to request that you add to my patient record that I am an unpaid carer.

I am happy for you to send this information on to Carers UK. **YES/NO** (please delete)

Thank you.

Yours faithfully

**PLEASE COMPLETE AND EMAIL TO** **PUDSEYHC.SURGERY@NHS.NET** **OR POST IN THE PRACTICE LETTER BOX. *Thank you***