

Helpful websites to visit

- www.carersuk.org
- www.stmarymountdaycare.co.uk
- www.moveitorloseit.co.uk
- www.eaststaffsbc.gov.uk/sports-development/active-adults
- www.everyoneactive.com/eaststaffordshirecommunities/
- www.woodstreetdaycentre.co.uk
- www.liftedcare.com
- www.homeinstead.co.uk
- www.careline.co.uk
- www.macmillan.org.uk
- www.wiltshirefarmfoods.com
- www.stroke.org.uk
- www.stgileshospice.com
- www.healthwatchstaffordshire.co.uk
- www.caringtogether.org

Your Dementia Champion

Gabrielle Kelly

Recently our phlebotomist Gabrielle Kelly has been on a course to become our in house

Dementia Champion. Whilst on this course she came across this inspiring quote;

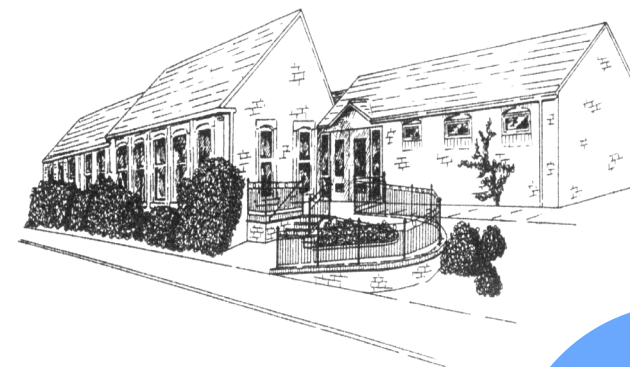
“If you have met one person with dementia, you’ve only met one person. That is, each individual will talk, act, remember and behave differently, not simply because of what stage of dementia they are in, but because they are who they are”

Please feel free to ask us anything

regarding dementia and we will support you with all we can.

**The Tutbury Practice
Monk Street
Tutbury
Burton On Trent
Staffordshire
DE13 9NA**

***Do you care for
somebody?***



Your Carers lead is :

Zoe Smith

Please feel free to ask her any questions on

01283 812210



Do you care for somebody?

If the answer is yes please

register yourself as a carer at the surgery and you will receive lots of help and support. Carers are also entitled to the seasonal influenza vaccination.

What does being a carer mean?

Being a carer means that somebody depends on you for everyday things such as washing, cooking and food shopping.

What would being a registered carer do for me and the patient?

Being a registered carer at the practice would entitle you to:

- A seasonal influenza vaccination
- Opportunities to meet other carers and obtain more helpful information.
- To be involved with their medical care.

CARER'S APPLICATION FOR ACCESS TO PATIENT HEALTH INFORMATION

To be completed by the patient:

Patient's surname:

Forename(s):

Patient's Address:.....

.....

.....

Date of Birth:

Telephone No:.....

I declare I am the patient, and authorise access to my health information (referred to below) by my named carer.

Patient's signature:

Date:

To be Completed by carer:

Carer's surname:

Forename(s):

Carer's Address:.....

.....

.....

Relationship to patient:.....

Telephone No:.....

Please tick the relevant boxes:

☐ I am a patient at the practice

☐ I am a carer

☐ I agree to have access to my friend/relatives test results

☐ I agree to have access to my friend/relatives appointment dates and times.

I declare I am the carer and that I am entitled to apply for access to the patient's information referred to above. I will provide proof of identity if required and requested by the practice:

Carer's signature:

Date: