

SCYAMORE HOUSE MEDICAL CENTRE
NOMINATION FOR A SPOKESPERSON/CARER

Patient Name: _____

Address: _____

Nomination for a Spokesperson/Carer:

Name: _____ DOB: _____

Address: _____

Telephone: _____

Please confirm if the carer is your:-

Next of kin: YES/NO

Your Emergency Contact: YES/NO

Someone with whom we can discuss your medical

Record YES/NO

Main Carer: YES/NO

Relationship (eg: relative/carers):

Consent for this person to be coded on your patient file as a carer contact for you in the future:

Please indicate: YES/NO

(*Please delete as appropriate)

Signature of Patient: _____

Signature of Carer _____

Date: _____