

ARE YOU A CARER?

PLEASE TICK RELEVANT BOX

YES

NO

NEXT OF KIN AND EMERGENCY CONTACT INFORMATION

Patient Name: _____ **DOB:** _____

Next of kin Name:
Mr/Mrs/Miss/Ms _____

Relationship To Patient: _____

Address: _____

Postcode: _____ **Tel no:** _____

- The emergency contact data provided will only be used for emergency purposes and will only be disclosed in emergency situations relating to immediate health or safety interests of the named patient.
- The individual or individuals named as your next of kin or carer should be notified of the disclosure of their details to the Practice, to be used for emergency purpose only, and permission to keep their details on file should be obtained.
- Should you need to amend your emergency contact details at any time, please notify reception. Any out of date contact details will not be kept.