

CARER: PERSONAL DETAILS

Name		INSERT PHOTO OF THE CARER	
Address/Postcode			
Phone number (1)			
Phone number (2)			
Relationship to the person I care for			
Alternative keyholder for the person I care for			
Additional information			
Important medical Information			
Registered with CroyCare? (020 8654 7166)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ID Number

EMERGENCY CONTACTS (LIST IN ORDER OF PREFERENCE)

Name		Phone number	
Name		Phone number	
Name		Phone number	

PERSON YOU CARE FOR: PERSONAL DETAILS

Name/name known as		INSERT PHOTO OF THE PERSON YOU CARE FOR
Date of birth (DD/MM/YYYY)		
Gender		
Contact number		
Address/Postcode		

PERSON YOU CARE FOR: DISABILITY AND MEDICAL INFORMATION

Disability/condition	
Important medical information e.g. diagnosed health conditions, allergies, etc.	
Medications (dosage and time taken)	
GP name/contact details	
Pharmacy name/ contact details	

PERSON YOU CARE FOR: SUPPORT NEEDS

Support needs	
Communication needs	
Mobility needs	
Cultural and personal preferences for care e.g. likes and dislikes, dietary requirements, etc.	

FURTHER INFORMATION

Does the person you care for have registered Power of Attorney?	<input type="checkbox"/> Property and financial affairs	
	<input type="checkbox"/> Health and welfare	
Name of Attorney/Attorneys (if applicable)		
Any other important information about the person you care for		
Date filled in (DD/MM/YYYY)	Date review due	

ADDITIONAL INFORMATION

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