

I agree to details of my illness / treatment / prognosis being discussed with my carer:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information about the Care Passports or the information, advice and support available for carers, please contact:

Care for the Carers  
Braemar House  
28 St. Leonards Road  
Eastbourne  
East Sussex, BN21 3UT

Telephone: (01323) 738390 Fax: (01323) 745770

**To register or give feedback on this Care Passport please phone Care for the Carers.**

Registered Charity No.: 1074906

## Care Passport

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

My carer has completed this passport because I have needs that I am unable to communicate to you.

Please take the time to read it so you know what I need.

I like to be addressed as: \_\_\_\_\_

In association with:



