

Date:

Carer's Address:

Carer's Postcode:

To the Practice Manager at
Practice,

Medical

I'm writing to ask to be recorded as an unpaid carer on my GP patient record. I understand that there are relevant [SNOMED Carer codes](#) to record that I'm an unpaid carer on your systems, and NICE guidelines which outline good practice in supporting unpaid carers (NG150).

I wish to be registered so that I can be offered health information and vaccinations, such as the annual flu and COVID-19 vaccinations or boosters, as well as any other relevant support. I believe this will also be helpful so that the health needs of the person I care for can be considered if I am unable to continue caring for them.

The SNOMED CT Code is 224484003 – Patient themselves providing care.

I have created a Carer Contingency Plan in case of a situation where I cannot provide care. I understand there is a SNOMED code to record this.

[Name and phone number of person providing cover]

has agreed to provide cover in case I cannot provide care and this information can be applied to the free text box following the coding. They have given me consent to record their details on my GP patient record. By applying the SNOMED Carer Contingency Plan code this means that the record will be included in the Summary Care Record allowing health and care professionals across the system to quickly identify this information should it be needed.

The SNOMED CT Code is 1366321000000106 – Has Carer Contingency / Emergency Plan

I understand that changes may need to be made to my GP health record and that the GP, or a member of the GP practice, may need more information before my record is changed. I am available to provide further information as necessary.

I confirm that (please tick any that apply):

- I am the main carer for a person who would be at risk if I were to fall ill.
- I am registered with Enfield Carers Centre
- I am happy for a member of the GP practice team to ask me about this person, and the care I provide if needed.
- I have provided _____ with a copy of my Carer contingency plan.

I also confirm that the GP practice may contact me using the information stated below.

Thank you.

Yours faithfully,

Name	
Address	
Mobile phone	
Email	
NHS number (if known)	