

# Appendix 1 Carer Nomination Form

<b>Carer Nomination Form</b>	UR No: _____
	Name: _____
	Dr: _____
	DOB: ____/____/____
	Sex: M / F (please circle)

Close family members or other significant people in your life are often vital at all stages of your treatment and recovery from mental health conditions. We generally refer to these people as ‘carers’. They often have important information that they can share with us which will assist you to receive the best possible care.

This form gives you the opportunity to identify who you would like to have involved in your care, and what and how much information you are happy for us to share with them.

Please nominate the person or persons that we can include in discussions about your treatment plan and progress and identify the level of information you would be happy for the staff to share with these people.

Name	Relationship	Level of information*	Contact details

- \* 1. **Personal information** = you allow us to discuss anything with this person.
- 2. **Non-personal information** = general information that allows us to discuss your treatment, support, care plan and medications but not personal information disclosed in the course of therapy.

NB: Personal information about your thoughts and feelings or your history will not be discussed with anyone without your express permission.

**Staff will check with you on a regular basis to see if you would like to change the nominations you have made.**

**If you would like to change the nominated carer during your admission or care, please see the staff.**

Name: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

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

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_