



Patient Consent Form

PATIENT DETAILS

Patients
Name: _____ Date of birth: _____

Address: _____

Telephone No. (Home): _____ Mobile number: _____

NOMINATED PERSON GIVEN CONSENT: _____

Nominated person(s): _____

Relationship to patient _____

Telephone Number(s): _____

I hereby give consent for the named/nominated person shown above to discuss the following on my behalf **(please sign to give consent)**:

Booking appointment only _____

Requesting repeat prescriptions only _____

Discuss medication only _____

All health record information can be shared _____

PLEASE NOTE THAT WE CAN NOT SPEAK WITH OR EVEN CONFIRM WHO IS CALLING, WITHOUT YOUR CONSENT TO DO SO.

ALL patients will receive text message reminders if a mobile number is given as a contact, unless you instruct us otherwise.

PLEASE NOTE IT IS YOUR RESPONSIBILITY TO MAKE US AWARE OF ANY CHANGES TO CONTACT DETAILS.

PLEASE NOTE: If you would prefer us **not** to leave a message on an answer phone but would like to us to be able to leave messages with another member of your house hold or family member, please make sure we have a signed consent to do so.

The consent is to remain in force from today and until further notice of cancellation by me.

Reception: Please add to warning AND use consent template for coding purposes.