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|  | **PATIENT CONSENT FORM**  This form is to express your consent for another person to discuss and represent you for telephone and face-to-face consultation. Areas of your medical record may be discussed and viewed with the GP present (if face-to-face). |

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| **Patient details** | |
| **Patient name** |  |
| **Patient's date-of-birth** |  |
| **Address (incl. Postcode)** |  |
| *I am a patient of Bewick Crescent Surgery and I would like to give consent for another person to discuss and be involved with my medical care management. This will be for in-person and telephone discussions only. I understand this does not give the patient online access to my record. I understand the contact details of the person granted access (below) will be recorded on my medical record. I understand if any of the consent details change, or, I wish for this person to have this consent removed from my medical record I will contact the surgery immediately. A 'Consent Removal' form is available from our reception or can be downloaded from our website at* [*https://www.bewickcrescentsurgery.nhs.uk/*](https://www.bewickcrescentsurgery.nhs.uk/)  *I understand and will inform the person below they will be required to present photographic identification at the surgery so they can be verified before this request is granted. I understand that a GP may contact me to ensure I have the capacity to make this decision.*  **Signature of patient / guardian:**  **Date:** | |

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| **Contact details for the person I wish to grant access:** | |
| **Full name** |  |
| **Address (incl. postcode).** |  |
| **Contact telephone number** |  |
| **Relationship to patient** |  |

**Bewick Crescent Surgery Only:**

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| **ID of new person (above) recently gaining consent verified on (date):** |  |
| **Patient Notes Updated On (date):** |  |
| **Initials of staff updating:** |  |
| **Now add this document to the patient's medical record** | |