|  |  |
| --- | --- |
| Dr Ngozi Anumba | Woodhouse Health Centre |
| Dr James AttwoodDr Andrew McGintyDr Paula McGintyDr Caroline MitchellDr N W P Smith |  | 5-7 Skelton LaneWoodhouseSheffield S13 7LY |
| Associates: Dr Sarah Nevitt  | Tel: 0114 2293090www.woodhousehealthcentre.co.uk |

**Patient consent form**

**Patient details:**

|  |  |
| --- | --- |
| Surname: |  |
| First name: |  | DoB: |  / / |
| Address: |  |
| Telephone number: |  | Mobile number: |  |

I wish for the individual(s) listed below to be able to discuss and action certain aspects of my medical record. These include:

|  |  |
| --- | --- |
|  To discuss any information from my full medical record (this covers all the other options below) | **🞏** |
| Booking/discussing appointments | 🞏 |
| Ordering/discussing prescriptions | 🞏 |
| Discussing results | 🞏 |
| Requesting/discussing referrals | 🞏 |

 **Individual(s) patient gives consent to:**

|  |  |
| --- | --- |
| Name(s) | Relationship to patient |
| . |  |
| . |  |
| . |  |
| . |  |

**Signature of patient:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

### For practice use only

|  |  |
| --- | --- |
| Method patient contacted to confirm consent: | 🞏 In person Phone call 🞏 🞏 Vouching Other (specify in SystmOne Journal) 🞏 |