|  |  |  |
| --- | --- | --- |
| Dr Ngozi Anumba | Woodhouse Health Centre | |
| Dr James Attwood  Dr Andrew McGinty  Dr Paula McGinty  Dr Caroline Mitchell  Dr N W P Smith |  | 5-7 Skelton Lane  Woodhouse  Sheffield S13 7LY |
| Associates:  Dr Sarah Nevitt | Tel: 0114 2293090  www.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) 🞏 |