

# Old Farm Surgery Consent Form



The Old Farm Surgery  
67 Foxhole Road  
PAIGNTON  
Devon  
TQ3 3TB

Tel: 01803 556403

This is a consent form for you to authorise a friend or family member to access and discuss your medical record until you tell us otherwise.

Please print and sign and either post it to us, hand it in or scan and email to us at [oldfarm.surgery@nhs.net](mailto:oldfarm.surgery@nhs.net)

## My details (Patient details)

<b>Name</b>	
<b>Date of birth</b>	
<b>Address</b>	

## Details of the friend or family member who I wish to grant access.

<b>Name</b>	
<b>Telephone number</b>	
<b>Relationship to you</b>	

- I am a patient of Old Farm Surgery and understand I need to give my consent for another individual to have access to my medical records and/ or to discuss my medical requirements.*
- I understand the contact details of the individual will be recorded on my medical record.*
- I understand that if I wish to change or remove my consent then I can contact the surgery at any time.*

**Signature:**

**Date:**

Admin:

1. On receipt of this form please phone patient to verbally confirm their consent.
2. Scan form to notes.
3. Put details of consent into patient notes as a popup