



CONSENT TO SHARE INFORMATION WITH NOMINATED THIRD PARTY

[Please complete in full, incomplete forms will be rejected]

NAME DATE OF BIRTH

ADDRESS

I CONSENT TO THE PERSON NAMED BELOW, TO BE ALLOWED TO BE INFORMED OF (PLEASE TICK AS APPROPRIATE), IF YOU ARE UNABLE TO CONTACT ME DIRECTLY:

- APPOINTMENT CANCELLATIONS
- MEDICATION QUERIES
- GENERAL ENQUIRIES
- SPECIFIC QUERIES RELATING TO MY RECORD

I AM HAPPY FOR A MESSAGE TO BE LEFT ON MY LANDLINE ANSWER MACHINE / MOBILE VOICEMAIL (PLEASE CROSS OUT AS NECESSARY)

Nominated Contact Tel no

Address

Patient Signature Date.....

I am aware I can cancel/amend this nomination by informing reception in writing and my electronic record will be updated accordingly.

**Please post in our letter box which is located at the entrance opposite the Pharmacy.
OR email to poplar.grove@nhs.net**

*Thank you
Dr Wakeford and Partners*