Clifton House Medical Centre consent form

|  |  |
| --- | --- |
| Patient name |  |
| Patient address |  |
| Patient D.O.B. |  |
| Patient contact number |  |

I give permission for the person/people named below to speak to the staff at Clifton House Medical Centre on my behalf and to continue **until advised otherwise**.

Please be aware that the consent form is not a legally binding document and we would advise that appropriate steps are taken by you if there are any concerns raised regarding the capacity of the individual the consent form relates to. You can find information regarding Lasting Power Of Attorney on the directgov website <https://www.gov.uk/power-of-attorney> or by attending a local citizen’s advice bureau.

 Please indicate below specific consent to be given.

|  |  |
| --- | --- |
| Medication |  |
| All health care needs |  |
| Other please state |  |

|  |  |
| --- | --- |
| Name |  |
| Relationship to Patient |  |
| Contact tel numbers |  |
| Registered carer | Yes/No |

Would you like the above named person to be added to your medical records as your registered carer? If so please indicate above.

|  |
| --- |
| Any other information you feel would help us in caring for you, ie keysafe number. |

 Patient signature ………………………………………….. Date …………………………