

The Grange Surgery

Consent Form for collecting documentation on Patient's behalf

Important: Identification must be shown at time of collecting any documentation on behalf of patient. One form per patient only.

Patient Details

Full Name	
Date of birth	
Address	

Patient Consent

Details of the person collecting documentation on your behalf:

Full Name	
Date of birth	
Address	

Private Letter (please specify/detail)	<input type="checkbox"/>
Sick Note	<input type="checkbox"/>
Results/Medical Info	<input type="checkbox"/>
Referral Booking Information	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

I consent to the above named person to collect the information ticked above on my behalf:

This one occasion

On a regular/permanent basis - I understand I must inform the practice in writing if I want to remove this consent and no longer authorise the person named above collecting documentation on my behalf.

Signature (of patient)		Date	
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FOR PRACTICE USE ONLY

Identity verified through (tick all that apply) if ticked regular basis above pass to Suzanne	Bank Card <input type="checkbox"/> Photo ID (drivers licence / passport) <input type="checkbox"/> Proof of residence <input type="checkbox"/> Personal Vouch <input type="checkbox"/>	Name of verifier	Date
Code added to record (by Suzanne only)	<i>Regular/ permanent code</i> <input type="checkbox"/>		