PATIENT’S CONSENT TO SPEAK TO THIRD PARTY

This form is used to record your consent to allowing a third party to speak on your behalf and that you are happy for your medical information (e.g results, appointments etc) to be discussed with them.

PATIENT’S DETAILS

Surname: ……………………………………………………..………………………………………….….………

First Names: ………………………………………………………………………………….....…………………

Date of Birth: ………………………………………………

I agree for my medical details to be discussed with a third party.

Patient’s signature ………………………………………………….….

Date ………………………………………………………………….……….

DETAILS OF THIRD PARTY

Surname: …………………………………………………………………………………………………………

First Names: ……………………………………………………………………………………………………

Relationship to patient: …………………………………………………………………………………..

Contact Details: ……………………………………………………………………………………………….

Signature of Third Party: ………………………………………………………………………………….