Promenade Medical Centre

Patient Consent Form

(For another person to have permission to collect prescriptions /sick notes / documents / test results / make or cancel appointments)

Patient's Details (The person whose records another individual(s) is to be given permission to)
Surname:
First Names:
Date of Birth:
Male / Female:
Address:
Tel No:
Details of person to be given permission to collect this Patient's information
Full Name: **I.D. will need to be shown at each collection.**
Address:
If more than one person is to be given permissions to then please list the above details for each additional person on a separate piece of paper.
Please detail below which of the permissions are to be allowed
☐ Make your appointment ☐ Collect a document ☐ Cancel your appointment ☐ Collect a sick note ☐ Collect your prescription ☐ To have access to your medical record ☐ Get your test results Is there a time frame for these permissions? From .....To .....
I confirm that I give permission for the Practice to communicate with the person identified above in regards to my medical records.
Signature:
Date:

Consent for children under 16 (Gillick Competence)

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

If a child under the age of 16 has "sufficient understanding and intelligence to enable him/her to understand fully what is proposed" (known as Gillick Competence), then s/he will be competent to give consent for him/herself.

Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this Consent Form for themselves, but may wish a parent to countersign as well.

If the child is not able to give consent for him/herself, someone with parental responsibility should do so on his/her behalf by signing this Form below.

I am the Patient / Parent / Guardian (delete as necessary).

Signature: ……

Full Name: ……

Address (if not the same as patient):

……