

Blundellsands 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	<input type="checkbox"/>
Medical Records	<input type="checkbox"/>
Brief Summary	<input type="checkbox"/>
Results/ Medical info	<input type="checkbox"/>
Referral Booking information	<input type="checkbox"/>
Fit Note	<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:

Signature of Patient	Date

FOR PRACTICE USE ONLY

Identity	Photo ID	Name of Verifier	Date
verified through (tick all that apply)	Drivers licence <input type="checkbox"/>		
	Passport <input type="checkbox"/>		
	Other <input type="checkbox"/>		