

KILLAMARSH MEDICAL PRACTICE

PARTNERS:
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Patient Medical Consent Form

Important: This form only needs to be completed by the person being cared for, if they are a registered patient at Killamarsh Medical Practice.

Details of person cared for:

Surname:	
Forename:	
D.O.B:	
Address:	
Home No:	
Mobile No:	
Email:	

- I give consent for the details of my carer to be held on my medical records.
- I also give consent for relevant medical information to be shared with my carer.
- I understand that the doctor may override this authority at any time, and that this permission will remain in force until cancelled by me in writing.

Signed: _____ Date: _____

Office Use only (tick if applicable)	Add 'Has a carer' by adding READ code: 918F.	'Add Patient consent given to contact carer about care' add READ code: Xaahs	'Declined consent to include carer details in clinical record' add READ code: XaZ5W	Scan Form
Reception → Carers Champion				