The Tutbury Practice
Dr M G Salwey and Dr A Lindsay
Tutbury Health Centre, Monk Street, Tutbury,
Burton On Trent, Staffordshire, DE13 9NA

Consent form

Please complete in order for a representative to
* speak on your behalf/access your full medical records and discuss any results/concerns regarding your healthcare.* (Delete if appropriate)

To be completed by the patient:

Patient's Surname: .....
Forename(s): .....
Patient's Full Address: .....
.....

Date of Birth: .....

Telephone Number: .....

I declare I am the patient and the information given by me is correct and that I am happy for my friend/relative to access the WHOLE of my medical records. If I no longer wish for this person to have access to my record I will inform the surgery.

Patients Signature ..... Date.....

To be completed by representative:

Representatives full name: .....
Full Address: .....
.....

Telephone Number: .....
Relationship to patient: .....
I declare I am the patient's representative and the information given by me is correct and that I have WHOLE access to their medical records.

Friend/relatives signature ..... Date.....

When this form is completed, the patient will be contacted by the Carer's Lead to obtain verbal consent in support of this form.

Verbal consent obtained by: ..... Date: .....