



Consent to Discuss Form

Name:

Date of Birth:

This form is designed to indicate who you are happy for us to speak with on your behalf. Please make sure you read it carefully.

Name	Relationship	Contact Number	Permission to book appointments	Permission to order medication on my behalf	Permission to discuss my health and welfare

This form is used as a guide for our administrative staff, reception team, dispensers and clinicians.

We reserve the right to contact whomever we feel appropriate in the event of an emergency.

Please TICK to acknowledge:

I consent to the information provided above being added to my medical records

Signed _____ Date _____