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**Consent to Discuss with Carers 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.

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| **Name of carer** | **Company carer works for (If private, provide address)** | **Permission to book appointments on my behalf** | **Permission to order medication on my behalf** | **Permission to discuss my health and welfare (i.e., discuss needs with nurse/GP)** |
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This form is used as a guide for our administrative staff, reception team, dispensers and clinicians. Photographic ID will be requested upon visiting site.

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**