

Larkside Practice
Churchfield Medical Centre, 322 Crawley Green Road
Luton, Beds, LU2 9SB
Tel 01582 722143 - www.larksidepractice.co.uk

Patient Consent Form
For another person to access/discuss their medical records

Patient's Details;
(The person whose records another individual(s) is to be given access to)

Title	
First Name	
Middle Name if any	
Last Name	
Previous Surname	
Date of Birth	
Gender	
Address	
Postcode	
Home Number	
Mobile Number	
Email Address	

Details of the person to be given access to the Patient's information:

Title	
First Name	
Last Name	
Relationship to Patient (please note if Next of Kin or Carer)	
Date of Birth	
Home Number	
Mobile Number	
Email Address	
Photo ID – to confirm the details above. Driving Licence, Passport, et.	Please note the number on the document.

An additional person to be given access to the Patient's information:

Title	
First Name	
Last Name	
Relationship to Patient (please note if Next of Kin or Carer)	
Date of Birth	
Home Number	
Mobile Number	
Email Address	
Photo ID – to confirm the details above. Driving Licence, Passport, et.	Please note the number on the document.

Please detail below if the access is to be limited in any way (e.g. only for test results, or only for making & cancelling appointments, or for a specified time period only)

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Patient Declaration

I confirm that I give permission for the Practice to communicate with the person(s) identified above in regard to my medical records.

Print Name	
Sign	
Date	

This document will be saved on your medical record

The patient may ask for the consent to be removed at any time.