

# Forest House Surgery

## Patient Consent Form

<b>Patient Name</b>	
<b>DOB</b>	
<b>Address</b>	
<b>Telephone Number</b>	

### Nominated Person/s

<b>Name</b>			
<b>Address</b>			
<b>Telephone Number</b>		<b>Relationship to Patient</b>	
<b>The above person can:</b>			<b>Tick all that apply</b>
Discuss my medical records and any appointments on my behalf			
Order and collect my prescriptions (Not Controlled Drugs)			
Order and collect my <b>controlled drug</b> prescriptions			

<b>Name</b>			
<b>Address</b>			
<b>Telephone Number</b>		<b>Relationship to Patient</b>	
<b>The above person can:</b>			<b>Tick all that apply</b>
Discuss my medical records and any appointments on my behalf			
Order and collect my prescriptions (Not Controlled Drugs)			
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**Patient Signature** ..... **Date** .....