Forest House Surgery

Patient Consent Form

Patient Name	
DOB	
Address	
Telephone Number	

Nominated Person/s

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

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

Patient Signature …….. Date …….