

Linden Hall Surgery
Station Road, Newport, Shropshire TF10 7EN

Consent form

(for another individual to gain access and / or to discuss my medical record)

Patient details

Patient name	
Date of birth	
Address	
Postcode	
<p><i>I am a patient of Linden Hall Surgery and understand I need to give consent for another individual to have access to my medical records and/ or to discuss my medical requirements. I understand the contact details of the individual will be recorded on my medical record.</i></p> <p>Signature of patient/ guardian: Relationship to patient: Date:</p>	

Contact details for the individual who I wish to grant access

Full name	
Telephone number	
Relationship to patient	



(Please tick)

I understand if any of the consent contact details change or I wish for them to be removed from my medical record I will contact the surgery immediately. A 'remove/ change to consent form' is available from our Reception or download from our website:
<https://lindenhallsurgery.co.uk>