meadowbridge SURGERY

PATIENT CONSENT FORM

Health and care records are strictly confidential. GDPR & The Data Protection Act 2018 requires consent to access personal health information.

This consent form grants permission for both clinical and administrative staff within Meadowbridge Surgery to speak to another on your behalf. This may include relatives, friends, carers, etc.

We therefore request that you complete this form appropriately and return it to Meadowbridge Surgery where a copy will be filed within your medical record for future reference.

You have the right to withdraw consent at any time. Please ask administrative staff for a Patient Consent Withdrawal Form.

Patient details		
Full Name		
Date of Birth		
Address		
Telephone Number		

Details of person whom you wish to give consent to		
Full Name		
Date of Birth		
Address		
Telephone Number		
Relationship to Patient		

FULL ACCESS

I give permission for doctors and staff working at Meadowbridge Surgery to

speak to the person named above regardi (Please tick accordingly)	ng:		
All matters relating to my heamedical needs All Results	alth, medical care, treatment and/or		
LIMITED ACT I give permission for doctors and staff work speak to the person named above regarding (Please tick accordingly) Specific Areas:	rking at Meadowbridge Surgery to		
My Current Health, Medical Ca	are, Treatment or Medical Needs		
☐ My Past Medical History ☐ My Past Medications			
My Current Medications			
Specific Results:			
Blood	Urine		
Skin	☐ X Ray		
Stool	Ultrasound		
Tests Carried out by Hospital			
Other (Please Specify):			
PATIENTS SIGNATURE:			
DATE:			

This consent form only relates to Meadowbridge Surgery.

Should you wish to gain information on Power of Attorney, please refer to the Office of Care and Protection, Room 2.2A, Second Floor, Royal Courts of Justice, Chichester Street, Belfast BT1 3JF, Telephone 028 9072 4733 or http://www.nidirect.gov.uk/managing-your-affairs-and-enduring-power-of-attorney