

Registering Consent for Others to Discuss with the GP

Surgery on My Behalf

I,, give consent for:

Name:	
Date of Birth:	
Address:	
Contact Number:	

Name:	
Date of Birth:	
Address:	
Contact Number:	

To speak to surgery staff members on my behalf regarding:

☐ Prescriptions and Medication

☐ Appointments

☐ Results

☐ Medical Conditions

☐ All Matters

Signed:

Name:

Date of Birth:

Address:

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