

ELTHAM MEDICAL PRACTICE

Passey Place
Eltham
SE9 5DQ

180 Well Hall Road
Eltham
SE9 6SR
Telephone 020 8850 5141
www.elthammedicalpractice.nhs.uk

46 Westmount Road
Eltham
SE9 1JE

PATIENT CONSENT FORM

For another person to access/discuss medical records

Patient's Details:

(The person whose records another individual is to be given access to)

Title:	Mr / Mrs / Miss / Master / Ms / Dr / Mx / Other:	
First Name:		
Middle Name (if any):		
Last Name:		
Previous Surname (if any):		
Date of Birth		
Gender:		
Address:		
	Postcode:	
Home Number:		
Mobile Number:		
Email Address:		

TO BE COMPLETED IN PERSON WITHIN THE PRACTICE:

SIGNATURE:		DATE:
ADMIN USE ONLY:		
ID Type Seen:		
Name:		
Signature:		
Date:		

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Details of the person to be given access to the Patient's information:

Title:	Mr / Mrs / Miss / Master / Ms / Dr / Mx / Other:
First Name:	
Last Name:	
Relationship to Patient:	
Home Number:	
Mobile Number:	
Email Address:	

TO BE COMPLETED IN PERSON WITHIN THE PRACTICE:

SIGNATURE:	DATE:

ADMIN USE ONLY:

ID Type Seen:	
Name:	
Signature:	
Date:	

Details of an additional person to be given access to the Patient's information:

Title:	Mr / Mrs / Miss / Master / Ms / Dr / Mx / Other:
First Name:	
Last Name:	
Relationship to Patient:	
Home Number:	
Mobile Number:	
Email Address:	

TO BE COMPLETED IN PERSON WITHIN THE PRACTICE:

SIGNATURE:	DATE:

ADMIN USE ONLY:

ID Type Seen:	
Name:	

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Signature:	
Date:	

Please select the parts of your medical record that you **DO** want the third party to have access to:

- ☐ Medical Records
- ☐ Prescriptions
- ☐ Test results
- ☐ Forms
- ☐ Letters

If consent is only required for a specific time period, please specify the dates below:

.....

Patient Declaration:

I confirm that I give permission for the practice to communicate with the person(s) identified above in regards to my medical records.

Print Name:	
Signature:	
Date:	

This document will be saved on your medical record.

You may ask for the consent to be removed at any time.

If you would like this letter or information in an alternative format (for example, large print or easy read) or if you need help communicating with us (for example because you use BSL), please let us know. You can call us on 0208 850 5151 or visit www.elthammedicalpractice.nhs.uk