

New Patient Consent Form

Due to the protocol we follow, we are unable to give out any medical information to someone on your behalf unless you have given us consent to do so. We cannot talk to anyone but you about any results, appointments or messages from staff at Quintin Medical Centre without your permission. If you want to give this permission, then please sign the below consent form and return it to us with your registration pack.

Patient details:

Full name:		Date of Birth:	
Address (including postcode):			
Daytime telephone number:	Mobile telephone number:		

I give consent to:

Full name:		Date of Birth:	
Address (including postcode):			
Daytime telephone number:	Mobile telephone number:		
Relationship to you:			

I give consent to:

Full name:		Date of Birth:	
Address (including postcode):			
Daytime telephone number:	Mobile telephone number:		
Relationship to you:			

I, _____ give the above person/persons permission
to talk to the practice on my behalf.

I understand that I can opt out of this agreement at any time by informing The Quintin Medical
Centre in writing.

Signed _____ Date: _____

If you do not consent right now, but change your mind in the future, you can drop us a hand-written letter with a signature and we can add that you have consented to someone other than yourself to talk to the practice.

Thank you for your understanding.