

Tudor Surgery



CARER-PATIENT CONSENT FORM

Please contact Kelly (tudor.surgery.reception@nhs.net), our carers' lead, if you need support or guidance

Carer's details:

Surname		Forename	
Date of birth		NHS number	
Street and number		Region	
Town or city		Postcode	
Telephone		Email	

Patient's details:

Surname		Forename	
Date of birth		NHS number	
Street and number		Region	
Town or city		Postcode	
Telephone		GP practice	

Why do you care for this person?

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What is your relationship to the person being cared for?

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I hereby give permission for my named carer to have access to my healthcare records held by my GP surgery. **This permission relates to all/ part of my record/ specific condition only** (please circle one). If the permission is restricted to a part of the record only, please specify below:

I understand that this permission will remain in force until cancelled by me in writing.

Signature (of patient)	
Date	

I agree that I will treat all information confidentially and will not disclose this information to any third party without the express permission of the person named as the patient above. I will only use this information in the best interests of the patient.

Signature (of carer)	
Date	

Please return completed forms to reception or via email:
tudor.surgery.reception@nhs.net