



Broom Leys Surgery

Patient Third Party Consent

Patient details

Name:

Date of Birth:

Address:

.....

Third party details

Name:

Address:

.....

Relationship to patient:

Patient's carer? Yes / No

Contact number:

I hereby give consent for the above named third party to discuss any matters regarding my health with Broom Leys Surgery. This would include both members of the clinical and administrative team.

Signed:

Date:

If you wish to retract this consent at any time then please inform the surgery and this information will be removed from your records.