**CARER PATIENT CONSENT FORM**

***This form can be used to give consent to a carer of the patient named below to have access to the named patient’s medical record and for clinicians and staff alike at Longton Health Centre to be able to discuss the named patient’s condition without him/her being present at the time***

**PATIENT’S DETAILS**

Surname: …………………………………………..………………………………………….….……………………

First Names:………………………..……………………………………………….....……………………………..

Address:..…………………………..…………………………………………………………………………………..

Telephone Number: ..……………………………………………………………………………………………..

Date of Birth: ……………………………………… Male/Female: …………….…..………………………

**CARERS DETAILS**

Surname: ……………………………………………..………………………………………….…………………….

First Names: ……………………………………………………………………….....………………………………

Address: .………………………………………………………………………………………………………………..

Telephone Number: ………………………………………………………………………………………………..

Date of Birth: ……………………………………… Male/Female: ……….…..…………………..

I the undersigned, confirm I am the named patient above and agree to the named Carer above to have access to my medical records and allow my condition to be discussed with him/her. I understand that a note will be made on my medical record to confirm this agreement and that all clinicians and staff at Longton Health Centre will have access to it.

Signature of patient ……………………………..…………………… Date: ………………………………

Indefinitely:

For specific time period please state: