

# THE PORCH SURGERY

## Authorisation Consent Form

I hereby give my consent to share the information detailed below:

Patient Name ..... Date of Birth .....

Address .....

.....

.....

Options Available	
All Clinical Information Only	
Test Results Only	
Appointment Information Only	
Prescription Queries Only	

Name of person/people to whom information may be given

Name ..... Relationship to patient .....

Address ..... Telephone Number .....

.....

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Name ..... Relationship to patient .....

Address ..... Telephone Number .....

.....

.....

Signed (Patient) .....

Date .....

For surgery use only:

Scanned onto patient record ..... Add reminder to homepage.....

Date .....