#### **LEICESTER TERRACE**

#### **HEALTH CARE CENTRE**

**NORTHAMPTON, NN2 6AL**

Enquiries and Appointments: Northampton (01604) 633682 www.leicesterterrace.co.uk

**PATIENT CONSENT FORM**

Patient Name: ………………………………………………………………… DOB: ……. / ……. / ………

I consent to the following person;

Name: ……………………………………………………………………..

DOB: ……………………………………………………………………..

Contact Number: ……………………………………………………………………..

Relationship: ……………………………………………………………………..

To discuss the following aspects of my health care on my behalf;

Book / cancel appointments 🞏

Discuss, order and collect medication 🞏

Receive test results 🞏

Discuss all and any aspects of my health care 🞏

Register for online services on my behalf 🞏

I understand that I may withdraw this consent in writing at any time

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

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Office use:

Front page Date: ……. / ……. / ………

Scanning Date: ……. / ……. / ………