

## New Patient Text/Smart Messaging Consent Form

Arlington Road Medical Practice encourages fast, efficient and helpful communication for our patients. To help with this we would like to use text messaging to send you messages about appointments and other health related topics.

Examples of what our messages will be about are:

- Appointment confirmations and appointment reminders
- Flu or other vaccination invitations
- Chronic disease review invitations
- Blood pressure and cholesterol monitoring
- Smoking status updates
- Reminders to order repeat prescriptions
- Information about new NHS services or developments

You are able to choose the type of message you receive by completing the section below, please tick either yes or no for both question 1 and question 2:

1. *I am happy to receive messages about my appointments and information relating to my specific health care needs (clinical information)*

Yes  No

2. *I am happy to receive messages relating to any Surgery service or Surgery development, such as practice closure notification, new practice information (non-clinical information)*

Yes  No

### Remember

- It is your responsibility to maintain the safety of your mobile number.
- You agree to inform us as soon as possible if you change your number or lose your mobile phone.

**It is important that this form is returned to the surgery with both a tick in the above boxes so that we can update your records.**

Surname	
Forenames	
Address	
Date of Birth	
Mobile No.	
<b>Signed</b> ..... <b>Dated</b> .....	
<b>I understand that I am able to change my mind at any time by speaking with a member of the practice Reception team or by informing the practice in writing</b>	