

STOCKWOOD MEDICAL CENTRE: PATIENT COMPLIMENT **FORM**

If you have had a good service from the staff at Stockwood Medical Centre it is really useful for the staff to hear about this. Such examples guide our staff and provide a good voice of encouragement to them in the work they are doing here. Please take a moment to write down any positive points or compliments you'd like to give to the team.

PATIENT THIRD-PARTY CONSENT

PATIENT'S NAME: _____
TELEPHONE NUMBER: _____
ADDRESS: _____

ENQUIRER/COMPLIMENTER'S NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

IF YOU ARE COMPLETING ON BEHALF OF A PATIENT OR YOUR COMPLIMENT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.

I fully consent to my Doctor releasing information to, and discussing my care and medical records with the person named above in relation to this compliment, and I wish this person to detail compliments on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until..... (insert date)

Signed: (Patient only)

Date: