Patient Name:

Date of Birth:

Address:

Here at Claremont Bank Surgery we take your privacy seriously and will only use your personal information to administer your account and to provide the products and services you have requested from us such as appointment text message reminders.

However, from time to time we would like to contact you with details of other services we provide (for example Flu clinics, Smoking Cessation advice, Health Checks). If you consent to us contacting you for this purpose please tick to say how you would like us to contact you:

**Post** ☐    **Email** ☐    **Telephone** ☐

**Text message** ☐    **Automated call** ☐