**RAMSEY GROUP PRACTICE**

**Patient Consent Form**

*(Permission for person(s) detailed below to: collect prescriptions /sick notes/documents / access medical records/results/make or cancel appointments.* ***PLEASE INDICATE WHICH******YOU GIVE CONSENT FOR. IF NO INDICATION IS MADE, WE WILL PRESUME CONSENT IS FOR ALL)***

|  |
| --- |
|  **Patient’s Details**(The person whose records another individual(s) is to be given permission to) |
| Surname: |
| First Names: |
| Date of Birth: |
| Male / Female: |
| Address: |
| Tel No: |
| **Details of person to be given permission to collect this Patient’s information** |
| Full Name:**This form will need to be shown at each collection along with photographic I.D** |
| Address: |
| *If more than one person is to be given permission then please list the details for each additional person on a separate piece of paper.* |
| **Please detail below if the above permission is to be limited in any way (e.g. only for test results, or only for making and cancelling appointments, or for a specified time period only)** |
|  |
| **I confirm that I give permission for the Practice to communicate with the person identified above in regards to my medical records.** |
| Signature: |
| Date: |

|  |  |
| --- | --- |
| **PRACTICE STAMP:** | **DATE RETURNED TO RGP** |

**Consent for children under 16 (Gillick Competence)**

Everyone aged 16 or over is presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

If a child under the age of 16 has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence), then s/he will be competent to give consent for him/herself.

If the child is not able to give consent for him/herself, someone with parental responsibility should do so on his/her behalf by signing this Form below.

I am the Patient / Parent / Guardian (delete as necessary).

Signature: …………………………………………………………………………………..…..

Full Name: .……………………………………………………………………………….…….

Address (if not the same as patient):

………………………………..…………………………………………………………………………

Ramsey Group Practice May 2018