**DAWLEY MEDICAL PRACTICE**

**PERMISSION TO INFORM NOMINEE**

This is to confirm that I give permission for my test results, appointment details etc. to be relayed to my nominee, as listed below:

|  |  |
| --- | --- |
| **PATIENT DETAILS** | |
| FULL NAME |  |
| DATE OF BIRTH |  |
| ADDRESS |  |
| SIGNATURE OF PATIENT |  |
| (IN THE PRESENCE OF A MEMBER OF THE PRACTICE TEAM) | |
| DATE |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DETAILS OF INFORMED RELATIVE** | | | | | | |
| RELATIONSHIP TO PATIENT |  | | | | | |
| FULL NAME |  | | | | | |
| ADDRESS |  | | | | | |
| Are you a patient at our Practice? | | | YES |  | NO |  |
| Are you a carer for the above named patient? | | | YES |  | NO |  |
| If yes, please ask at reception for more details | | | | | | |
|  | | | | | | |
| **CONTACT DETAILS** | | | | | | |
| HOME: | |  | | | | |
| MOBILE: | |  | | | | |
| OTHER: (PLEASE SPECIFY) | |  | | | | |

Office Use Only:

|  |  |  |  |
| --- | --- | --- | --- |
| Alert on Screen |  | Scanned |  |
| Patient Relationship screen updated |  | Filed |  |