**Bartley Green Medical Practice**

Dr C Cheel 71 Romsley Road

Dr S J D Watkins Bartley Green

Dr A L Perry Birmingham

Dr Mohammedbhai B32 3PR

Tel: 0121 477 4300

Fax: 0121 476 6056

**Consent Form**

**Release of Medical Information to Relative/Carer**

|  |  |
| --- | --- |
| **Patient Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Postcode** |  |

I **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby consent to the release of my medical information for the purpose of my further medical care to the below person**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone Number** |  |
| **Relationship** |  |
| **Are you registered with this practice Yes**  **No** | |

**Patients Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**