

# The Canford Heath Group Practice

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## Consent Form

*Please note this form needs to be handed to the receptionists in person by the patient. If not it will only be able to be actioned when a member of staff is able to get confirmation with them in person*

I .....(patients name) give consent for  
.....(proxy's name) to access my medication records and  
make medical decisions on my behalf.

*Name of patient:*

*Address of patient:*

*Name of proxy allocated:*

*Address of proxy allocated:*

*Relationship to patient:*

*Phone number of persons allocated:*

*I .....(the patient) understand that this can be revoked at any time.*

*Patient has confirmed they understand the form:*

*Signed to agree:*

*Dated:*

*For admin use:*

*Taken by:*

*Details have been added to the patients profile and home page*

*Details have been scanned*

