Weston House Practice
St Paul's medical Centre
121 Swindon Road
Cheltenham
GL50 4DP
Tel 01242 215000

WESTON HOUSE PRACTICE

Hatherley Branch Surgery
Glebe Farm Court Road
Up Hatherley
Cheltenham
GL51 3EB
Tel 01242 215000

Patient Consent Form
For another person to discuss/access medical records

Patient's Details (The person whose records another individual(s) is to be given access to)	
Surname	
First Names	
Date of Birth	
Male / Female	
Address	
Tel No.	

Details of person to be given access to this Patient's information	
Full Name	
Address	
Tel No.	
Relationship to Patient	
Please detail below if the above access is to be limited in any way (e.g. only for test results, or only for making & cancelling appointments, or for a specified time period only)	

(If more than one person is to be given access then please list the above details for each additional person on the back of this form)

I confirm that I give permission for the Practice to communicate with the person/s identified on this form in regard to my medical records.			
Signature		Date	

NHS

Details of person to be given access to this Patient's information	
Full Name	
Address	
Tel No.	
Relationship to Patient	
Please detail below if the above access is to be limited in any way (e.g. only for test results, or only for making & cancelling appointments, or for a specified time period only)	

Details of person to be given access to this Patient's information	
Full Name	
Address	
Tel No.	
Relationship to Patient	
Please detail below if the above access is to be limited in any way (e.g. only for test results, or only for making & cancelling appointments, or for a specified time period only)	

Details of person to be given access to this Patient's information	
Full Name	
Address	
Tel No.	
Relationship to Patient	
Please detail below if the above access is to be limited in any way (e.g. only for test results, or only for making & cancelling appointments, or for a specified time period only)	