Dr Connell
Dr John
Dr Moon
Dr Woolley
Dr Haslam
Dr R Whitaker
Dr Vare
Dr Bath
Dr J Whitaker

Queen Square Medical Practice
2 Queen Square
Lancaster
Lancs
LA1 1RP
Tel – 01524 843333

CONSENT FORM

Patient Details

Full Name: _____ DOB: _____

Address: _____

By signing this form you hereby give permission for Queen Square Surgery to share information regarding my medical wellbeing & any results with:

Details of person you are nominating

Full Name: _____ DOB: _____

Address: _____

Home No: _____ Mobile No: _____

Relationship to patient: _____

If you would also like to nominate the above person as your next of kin or emergency contact please tick the relevant box below.

Next of Kin ☐
Emergency Contact ☐

Signed: _____

Dated: _____