Dr Connell
Dr John
Dr Moon
Dr R Whitaker
Dr Vare
Dr Bath
Dr J Whitaker
Dr R Mathews

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

CONSENT FOR SHARING OF MEDICAL INFORMATION

Full Name: _____

Address: _____

Date of Birth: _____ Contact Tel No: _____

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

☐ **Next of Kin**
☐ **Emergency Contact**

I AGREE / DO NOT AGREE (please specify) for the following person to make queries regarding my health/investigations/treatment, collect prescriptions/medication and for the GP and/or authorised GP staff to share relevant information/advice in the interests of my health care.

Please tick one of the following:

☐ This consent is restricted to the following query/request:

_____

☐ This consent applies to all queries as of the date of this form that the GP/staff reasonably believe is in the interests of my best health care.

Details of person you give consent for:

Full Name: _____ DOB: _____

Address: _____

Home No: _____ Mobile No: _____

Relationship to patient: _____ is this person your main carer? YES / NO

If I wish to rescind this consent at a future date, I will do so in writing to: "Queen Square Medical practice". A copy of this form will be retained in my medical record. A copy of our Privacy Policy can be found at the practice or on the website: www.queensquare.org.

Signed: _____

Dated: _____

Office Use Only	
Taken by	Date
Completed by	Date