Nottinghamshire Healthcare
NHS Foundation Trust

Patient Consent Form

Name (Birth/Deed Poll)		**NHS Number**	
DOB		**Telephone**	
Address		**Email**	

I hereby give consent where indicated below:	**Yes**	**No**
1. To obtain medical records from my GP	☐	☐
2. For someone to speak on my behalf:	☐	☐

Name:

Telephone:

Email:

3. To release my medical records to:	☐	☐

Name:

Address:

4. For communication to also be shared with:

Name:

Email:

Address:

Name:

Email:

Address:

Signature: **Date:** / /