Quality Health Matters

Strand Medical Group

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Goring-By-Sea
West Sussex
BN12 6DN
www.strandmedical.co.uk
Telephone: 01903 243351
Fax: 01903 705804

PATIENT CONSENT FORM

I,

Name: ....

Address: ....

....

Date of Birth: ....

Signature .... Date: ....

Hereby give permission for Staff of the Strand Medical Group to:
(Please tick as appropriate)

1. Arrange appointments and/or leave a message (non-clinical matters) on my behalf with		
Print name(s) in full:		
2. Discuss my results with		
Print name(s) in full:		
3. Discuss any aspect of my medical condition with		
Print name(s) in full:		
Contact number:		

Please complete the form and return to Sue Page at the above address as soon as possible.

PLEASE NOTE: Any contact changes must be made in writing to the Practice.

For office use only: