

Contact Details and Consent Form
Measham Medical Unit

Contact Details

Title	Surname
First name	
Date of Birth	
Email address	
Home telephone number	
Mobile phone number	

Contact Preferences

Do you consent to receive the following types of communication? Please tick your preferred option	
Email	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> preferred
Mobile call / text message	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> preferred
Landline telephone call	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> preferred
Answer phone message	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> preferred

Third Party Consent

Consent to leave messages with a third party <input type="checkbox"/> Yes <input type="checkbox"/> No Name of third party: Relationship to you:
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(Ticked yes to leaving messages with third party) Your signature to confirm consent:

Carers

Do you have a Carer? <input type="checkbox"/> Yes <input type="checkbox"/> No Their contact details: Do you consent for your carer to be informed about your medical care? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you a Carer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you look after someone who is a patient of Measham Medical Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If yes, what is their name: Are they a: <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Neighbour
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Next of Kin

Name of next of kin:

Relationship to you:

Next of kin telephone number(s)

Next of kin address (if different)
