



health matters...

HANHAM SURGERY
 33 Whittucks Road, Hanham
 Bristol BS15 3HY
 Tel 0117 967 5201
 Fax 0117 947 7749
 www.hanhamsurgery.co.uk

Oldland Surgery
192 High Street
Oldland Common
Bristol
BS30 9QQ

Release of Medical Information
 Consent Form

We understand that patients may wish us to share information relating to their healthcare with carers, family members or other organisations. Please complete and return this consent form if you would like us to record this on your medical record.

Name			
D.O.B			
Address			
Telephone Number	Home:	Mobile:	Work:
Email Address			

I hereby give permission to Hanham Health to release medical and other information relating to my care to the following person or organisation:

Name			
Relationship to patient			
Address			
Telephone Number	Home:	Mobile:	Work:
Email Address			

I understand and accept that by giving my consent, my medical information will be shared with the individuals named until such time I contact the surgery to withdraw consent. I understand that I can so this at any time by contacting the surgery in writing.

Signed	
Date	



**Hanham
Health**

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Official Use Emis Number..... Consent Alert Recorded..... (Initial) Consent form scanned.....(Initial)
