**Contact Details and Consent Form**

Emis No.:

**Measham Medical Unit**

**Contact Details Contact Preferences**

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| --- | --- | --- | --- |
| TitleFirst nameDate of Birth | Surname |  | Do you consent to receive the following types of communication?Please tick your preferred option**Email**⎕Yes⎕No ⎕preferred  |
| Email addressFirst name |  | **Mobile call / text message**⎕ Yes⎕ No⎕preferredFirst name |
| Home telephone number |  | **Landline telephone call**⎕Yes⎕No⎕ preferred |
| Mobile phone number  |  | **Answer phone message** ⎕Yes ⎕ No⎕ preferred |
| **Third Party Consent** |
| Consent to leave messages with a third party ⎕ Yes ⎕ NoName of third party:Relationship to you: |  | (Ticked yes to leaving messages with third party)Your signature to confirm consent: |

**Carers**

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| Do you have a Carer? ⎕Yes ⎕ No Their contact details:Do you consent for your carerto be informed about your medical care? ⎕ Yes ⎕ No |

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| Are you a Carer? ⎕ Yes ⎕ NoIf yes, do you look after someone who is a patient of Measham Medical Unit? ⎕ Yes ⎕ No ⎕ Don’t knowIf yes, what is their name:Are they a: ⎕ Relative ⎕ Friend ⎕ Neighbour |

**Next of Kin**

|  |  |  |
| --- | --- | --- |
| Name of next of kin: |  | Relationship to you: |

|  |  |  |
| --- | --- | --- |
| Next of kin telephone number(s) |  | Next of kin address (if different ) |