**Contact Details and Consent Form**

Emis No.:

**Measham Medical Unit**

**Contact Details Contact Preferences**

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| Title  First name  Date of Birth | Surname |  | Do you consent to receive the following types of communication?Please tick your preferred option  **Email**⎕Yes⎕No ⎕preferred |
| Email address  First name | |  | **Mobile call / text message**⎕ Yes⎕ No⎕preferred  First 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 ⎕ No  Name 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 ⎕ No  If yes, do you look after someone who is a patient of Measham Medical Unit? ⎕ Yes ⎕ No ⎕ Don’t know  If 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 ) |