

**Bredon Hill Surgery**

Main Road

Bredon

Tewkesbury

Gloucestershire

GL20 7QN

**Reception:** (**01684) 773444**

[**SOWOCCG.bredonhillsurgery@nhs.net**](mailto:SOWOCCG.bredonhillsurgery@nhs.net)

[**www.bredonhillsurgery.nhs.uk**](http://www.bredonhillsurgery.nhs.uk)

**Dr. J. J. Pawley**

**Dr. S. J. Hill**

**Dr. S. J. Cooke**

**Dr. S. C. J. Haworth**

**Dr. K. S. Purvis**

**Authorisation for another person to discuss my medical record and health needs on my behalf.**

**Patient giving consent:**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| **Contact number/s** |  |
| **Address** |  |
|  |
| ***I hereby give consent for the person named\* to discuss my medical record and health needs on my behalf. I can change my mind at any time by informing the surgery.*** | |
| **Signature** |  |
| **Date** |  |

**Patient consent given to:**

|  |  |
| --- | --- |
| **Name \*** |  |
| **Contact Number/s** |  |
| **Address** |  |
|  |
| **Relationship to person above** |  |
| **If also Bredon Hill patient please provide date of birth.** |  |

**Surgery Use**

|  |  |
| --- | --- |
| **Patient/s EMIS ID** |  |
| **Date registration updated** |  |
| **Updated by** |  |