**Consent Form for Carer/Next of Kin**

**Budbrooke Medical Centre**

In order that your GP can do all he can to help, it is important that he is aware of your Next of Kin/Carer. It would be helpful, therefore, if you could provide the information requested below

I give signed authority for the person named below to act on my behalf in dealing with my general practice.

The person/s named below are/is recognised as my Carer/Next of Kin, and may need to discuss details about my health, receive and discuss test results and take medical advice on my behalf.

**Patients Details:**

Name…………………………………………………………………………………………………………...

Date of Birth…………………………………………………

Address………………………………………………………………………………………………………..

Signature……………………………………………………………………………………………………..

**Name of Next of Kin** ……………………………………………………………………………….

**And or Name of Carer** ………………………………………………………………………………

**Relationship to Patient** …………………………………………………………………………

Address…………………………………………………………………………………………………………

 ………………………………………………………………………………………………………………….….

Tel No…………………………………………

Signature of Carer / Next of Kin

…………………………………………………………………………………………………..

The Practice will not be able to share any clinical information with Carers/Next of Kin without the written consent of the patient concerned. It is therefore very important that you complete and obtain so that your GP understands you are acting on their behalf.

n/all budbrooke information/reception/Consent Form for Carer next of kin