



Wimbledon Medical Practice Consent Form

This is a consent form for you to authorise a friend or family member to access and discuss your medical record until you tell us otherwise. Please print and sign and either post it to us, hand it in or email to us at swlicb.wimbledonmedicalinfo@nhs.net

Your details (Patient details)

Name	
Date of birth	

Details of the friend or family member who I wish to grant access

Name	
Telephone number	
Relationship to you	

Signature:

I am a patient of Wimbledon Medical Practice and understand I need to give consent for another individual to have access to my medical records and/ or to discuss my medical requirements. I understand the contact details of the individual will be recorded on my medical record. I understand that if I wish to change or remove my consent then I can contact the surgery at any time.