



THE HAVEN PRACTICE

Patient Consent Form

Patient's Details	
First Names	
Surname	
Date of Birth	
Male/Female	
Address	
Tel. No	

Details of person to be given access to this Patient's Information	
Full Name	
Address	
Telephone Number	

I confirm that I give permission for the Practice to communicate with the person identified above in regards to my medical records	
Signature	
Date	

Please detail below if the above access is to be limited in any way (e.g. only for test results, or only for making & cancelling appointments, or for a specified time period only)	

Consent for children under 16 (Gillick Competence)

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

If a child under the age of 16 has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence), then he/she will be competent to give consent for him/herself.

Young people aged 16 and 17, and legally ‘competent’ younger children, may therefore sign this Consent Form for themselves, but may wish a parent to countersign as well.

If the child is not able to give consent for him/herself, someone with parental responsibility should do so on his/her behalf by signing this Form below.

I am the Patient/ Parent/ Guardian (circle as necessary)

Full Name.....

Signature.....

Address (if not the same as the patient)

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Practise use only:

Emis codes

9Ej – Medical records review

9N5A – Patient review of medical records