0151 295 8686
0151 295 8672
GPN82066@nhs.net
4 Woolton Street, Liverpool, L25 5JA
wooltonhousemc.nhs.uk

Woolton House
MEDICAL CENTRE

Allow an individual to be involved with my health

Name of patient:
Date of birth of patient:
Address of patient:

I give consent to the person named below being kept informed about my medical conditions, treatment and care needs.

I consent to the information on this form being held on the practice computerised electronic database.

Signed by patient:
Date:

Individual being given access to my medical records

Name:
Date of birth:
Relationship to patient:
Telephone number:
Address:

Signed by named individual:
Date: