

I am a patient at the Village surgery. I hereby give my full permission for the person detailed below to speak/ act on my behalf regarding all medical matters.

|  |  |
| --- | --- |
| **My details** |  |
| Name |  |
| Address |  |
|  |  |
|  |  |
| Date of birth |  |
|  |  |
| **Person nominated to speak/ act on my behalf** |  |
| Name |  |
| Contact number |  |
| Relationship to me |  |
| Any further info |  |
|  |  |
| **Signature of patient** |  |
| **Dated** |  |
|  |  |

This information and form will be attached to your medical record to ensure that all staff at the surgery are aware they can speak to the nominated individual.