

Full Name: _____ **Date of Birth:** ____/____/____

Mobile Number: _____

Other family members aged under 18 with the same contact number:

Name: _____ Date of birth: ____/____/____

Name: _____ Date of birth: ____/____/____

Name: _____ Date of birth: ____/____/____

Name: _____ Date of birth: ____/____/____

Name: _____ Date of birth: ____/____/____

I understand that GHFP may need to contact me from time to time in the method most appropriate.

My **preferred** methods of contacts are: *(tick all if applicable)*:

SMS **Phone** **App** **Letter**

I consent to the following **4 types of SMS** available in GHFP's clinical software *(preferably tick all)*:

- Appointment Reminders** **Clinical Communications** (e.g. results, clinical messages)
 Clinical Reminders (e.g. services due) **Health Awareness** (e.g. vaccine availability)

If my mobile number listed by the practice is utilised for more than one patient, I understand that all SMS communications as consented to above will be sent to that number.

For security of information we have a **2-way verification** process to enable SMS communications to this number for each patient registered.

Signed: _____ **Date:** ____/____/____

Thank you for updating your communication consent and preferences.

Please contact us to update your details or consents at any time.