

COMMUNICATIONS CONSENT FORM

I have been provided with information regarding the types of communications this practice uses, and I hereby consent to the following communication types: *(please tick)*

- Appointment Reminders** **Clinical Reminders (e.g. Immunisation, Care Plans)**
 Clinical Communications (e.g. Normal Results) **Health Awareness (e.g. New doctors, Fee changes)**

I understand that the practice may need to contact me, and my preferred method of contact would be: *(please tick)*

- SMS** **Phone** **Letter** **App (under construction)**

If my mobile number, as 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.

CONTACT INFORMATION

Patient full name: _____ Date of birth: ____/____/____

Mobile number: _____

Other family members aged under 18 who consent to receive communication to the same contact number:

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

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

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

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

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

Signed: _____ Date: ____/____/____