**Patient consent form for SMS and Email**

**Cross Keys Practice**

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| **Patient details(please write in CAPITAL LETTERS)** |
| **Title:** |  | **Forenames**: |  |
| **Surname/Family name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Home phone number:** |  |
| **Mobile phone number:** | *You are consenting to receiving texts from the Practice (9Ndp)* |
| **Email address:** | @Y*ou are consenting to receive emails from the Practice(9Nds)* |
| **Date of birth:** |  | **NHS number (if known):** |  |
| **If the person signing below is not the patient, please also enter the signatory’s name and relationship to the patient, e.g. parent, guardian, attorney** |
| **Full name:** |  | **Status:** |  |
| **Signature:** |  | **Date:-** |  |

**Overview of sharing options**

**Home Number**

We will only use your home number to contact you regarding practice matters. We will also pass this information when referring to third parties who are dealing with your health issues. (Details in reception)

**Mobile Number**

Same as home number, plus, SMS text reminders and appointments matters.

**Email Address**

Same as home number, plus, SMS text reminder that cannot be sent via mobile and practice newsletter.

**Please complete and email to** **admin.crosskeyspractice@nhs.net**