

Shirley Health Partnership

Contact consent form

I would like to register for these additional services

Text messages

Email

This service gives you access to receive appointment reminders and health promotion information. You can cancel the text or email message facility at any time. These services are not always available so please take responsibility for attending appointments or cancelling your appointment.

The surgery does not currently offer a 'reply' facility to enable patients to respond to texts directly. The practice will not transmit any information which would enable an individual patient to be identified.

First Name

Surname

Date of Birth

Home Address

Home Tel Number

Mobile Tel Number

Email Address

Please notify the practice if your mobile number or email changes.

By signing this, I give consent for the practice to contact me by either of the above methods.

Signed

Date

Admin – ID checked (Office use only)