

Consent Form for patients requesting that a third party act on their behalf

Details of Patient

Surname:

Forename(s):

Address:

Telephone:

Date of Birth:

Details of Person(s) Acting on the Applicant's Behalf:

Surname(s):

Forename(s):

Telephone:

Relationship to Applicant:

I give consent for the above named person(s) to receive test results on my behalf.

I give consent for the above named person(s) to act on my behalf in dealing with my illness(es). I also give my consent for any personal information to be shared that may be necessary in order to deal with my illness(es).

(Signed by Patient)

Signature:

Date: