

DR DREW & PARTNERS

TEXT MESSAGE & EMAIL CONSENT FORM

If you are aged 16 and over and give consent for us to communicate with you by mobile text messaging and/or email please fill in this form and return to reception.

Please complete the application form in **BLOCK LETTERS**.

Section 1: Details of patient providing consent:

Surname	
Forename(s)	
Date of birth	
Mobile Phone Number	
<p>Tick the box to confirm that this is your mobile number and does not belong to another person. <input type="checkbox"/></p> <p>By giving us your mobile number on this form, we assume consent to contact you via SMS text message when necessary.</p>	
Email address:	
<p>Tick the box to confirm that this is your email address and does not belong to another person. <input type="checkbox"/></p>	
<p>I consent to receiving mobile and/or email messages as indicated above from Dr Drew & Partners.</p> <p>I understand it is my responsibility to inform the Practice of any change to my contact details in writing.</p> <p>I give consent for the surgery to send a message about any aspect of my medical treatment or dealings with the practice.</p> <p>I understand if I do not receive a result/information by text within a reasonable period of time it is my responsibility to contact the practice.</p> <p>I understand that I cannot reply to the text message.</p>	
Patient Signature:	
Date Received by Practice scan copy and read code	

Example of how we may use SMS text message to contact you

- **CLINIC appointment reminders (note we do not have the facility to send an appointment reminder for all appointments)**
- **Blood results**
- **Please contact the surgery requests**
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