

Bridge Medical Practice

Complaint Form with patient third party consent

Patients full name:

Date of Birth:

Address:

Mobile Number:

Enquirer/ Complainants Full Name:

Relationship to Patient:

Mobile Number:

Address:

If you are making a complaint for a patient, or if your complaint is about patient's medical care, then we need consent from the patient. Please obtain the patients signed consent below.

I fully consent to my doctor releasing information to, and discussing my care and medical records with the person named above in relation to this complaint only, and I wish this person to complain on my behalf.

This authority is for an indefinite period/ for a limited period only/ for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid

Until.....(insert date)

Signed by patient:

Date: