**Conway Road Medical Practice**

80A Conway Road

Sale Cheshire M33 2TB

Telephone 0161 973 1151

**CONSENT FORM**

If the person making the complaint is not the patient themselves, then we need the written consent of the patient before we can properly respond.

I, (patient’s name)…………………………………………………………………………………………………………….

authorise the complaint

* in writing - as attached, OR
* verbally (the main details to be written below)

by (complainant’s name) …………………………………………… & relationship to patient ………..…………….

to be made on my behalf. I agree that the practice may disclose to the complainant (only in so far as necessary to answer the complaint) confidential information about me and my healthcare.

Patient’s signature: …………………………………………………. Date: ……………………………………………

Address: ……………………………………………………………… Date of birth: …………………………………..

…………………………………………………………………………. Postcode: ………………………………………

Once completed, please return to:

Pam Wilson, Practice Manager,

Conway Road Medical Practice, 80A Conway Road, Sale, M33 2TB. Thank you.