Brookfield Surgery

If the child is under 18 and not able to give consent for him/herself, someone with parental responsibility may do so on his/her behalf by signing this form below.

|  |  |
| --- | --- |
| **I am the patient aged 13 – 18 years** | |
| **Signature** |  |
| **I am the parent/guardian/person with parental responsibility (delete as necessary)** | |
| **Signature** |  |
| **Full name** |  |
| **Address** |  |
| **Date** |  |

You will be telephoned when the copies are ready for collection or posting.

**ADDITIONAL NOTES:**

Before returning this form, please ensure that you have:

* Signed and dated the form
* Are able to provide proof of your identity or alternatively confirmed your identity by a countersignature
* Enclosed documentation to support your request (if applicable)

Incomplete applications will be returned; therefore, please ensure you have the correct documentation before returning the form.

**For office use only:**

**Identification verification must be verified through 2 forms of ID**

* One of which must contain a photo e.g., passport, photo driving licence or bank statement.

Where this is not available, vouching by a member of staff or by confirmation of information in the records by one of the clinicians may be used.

If this is a proxy request, where patient has capacity, both patient and proxy should provide identification as above in person.

|  |  |  |  |
| --- | --- | --- | --- |
| Request received |  | Request refused |  |
| Reviewed by |  | Request completed |  |
| Fee (see section 6.4) |  | Date sent |  |
| Comments |  | | |
| Patient identity verified by |  | Date |  |
| Method | 🞏 Photo ID or proof of residence – Type ………………………………..  🞏 Photo ID or proof of residence – Type ………………………………..  🞏 Vouching – by whom ……………………………………………………  🞏 Vouching with information in record – by whom …………………… | | |
| Proxy identity verified by |  | Date |  |
| Method | 🞏 Photo ID or proof of residence – Type ………………………………..  🞏 Photo ID or proof of residence – Type ………………………………..  🞏 Vouching – by whom ……………………………………………………  🞏 Vouching with information in record – by whom …………………… | | |