

PATIENT CARE TEXT MESSAGING

CONSENT FORM

DECLARATION

We have a text messaging service, to be included in this service we require your consent and up to date mobile number.

Please note that due to confidentiality reasons we can only text to the phone of individual patients and not to those of a partner or parent unless we have express permission from the patient. **This facility will not be available for children under the age of 16.** If you would like to receive SMS messages for your children please give your mobile number.

I consent to the practice contacting me by text message for the purposes of health promotion and for appointment reminders.

I acknowledge that appointment reminders by text are an additional service and that these may not take place on all / or on any occasion, and that the responsibility of attending appointments or cancelling them still rests with me. I can cancel the text message facility at any time and I understand that the surgery does not offer a reply facility to enable patients to respond to texts directly.

Patient name: Date of birth:.....

Address:

.....

Mobile telephone number:..... Date of consent:

To help keep our records up to date please tick one of the following:

I have never smoked

I am currently a non smoker but have smoked in the past

I am currently a smoker