

Patient Consent Form – Third Party

Staff at Shiloh Medical Practice are required to seek patient consent for the presence of a third party during their consultation. A patient is entitled to either consent to, or decline the presence of a third party.

Please complete this form to indicate your consent/decline to the presence of a third party during your consultation.

Patient Consent Details:

I, _____
(patient's first/given names) *(Surname)*

- have requested the presence of my spouse, family member, guardian, friend, carer, interpreter or chaperone, during my consultation.

OR

- understand that the general practitioner has requested presence of a third party being an interpreter, medical or allied health or nursing professional or student, general practice registrar or chaperone, during my consultation.

AND

Consent to having a third party present during my consultation: _____
(signature) *(date)*

OR

Decline having a third party present during my consultation: _____
(signature) *(date)*