Breakspear
Medical Group Ltd

First visit adult treatment consent form

To be completed by patients 16 years of age or older prior to the first consultation at the clinic.

I, ❑ Mr ❑ Mrs ❑ Ms ❑ Miss ❑ _____ First name _____ Surname _____

Date of birth (dd/mm/yy) _____

of (address) _____

_____ (Post code) _____

(Telephone number) _____ (Email) _____

(hereby referred to as *The Patient)* consent to undergoing consultation, examination, clinical tests and treatments, the nature and effect of which will be explained to me by a healthcare professional at Breakspear Medical Group.

I also consent to undergoing testing and treatment including administration of medications. I understand that some of the medicines administered are unlicensed and are classed as "Specials" by the Medicines and Healthcare products Regulatory Agency. The implications of this and any possible risks or side effects will be fully explained to me prior to administration.

Tick one of the following boxes:

❑ **I agree** that information from Breakspear Medical Group can be sent to my GP.

Name of GP _____

Address _____

❑ **I do not agree** that information from Breakspear Medical Group can be sent to my GP.

Under new guidelines, it is compulsory for doctors to undertake clinical audits. Breakspear Medical Group is required to undertake other projects, including research, which will necessitate compilation of details taken from patient records. Before Breakspear Medical Group can compile any such data, your permission for the use of information is required. Any information extracted will always be anonymised before being used for internal or external use.

Tick one of the following boxes:

❑ **I do** give Breakspear Medical Group permission to use information about me for clinical audits, research, etc.

❑ **I do** not give Breakspear Medical Group permission to use information about me for clinical audits, research, etc.

Signature of The Patient _____ Date _____

Consent to procedures is recorded in line with the Department of Health Guidance 'Reference Guidance to Consent for Examination or Treatment'.