

## **CARTERKNOWLE AND DORE MEDICAL PRACTICE**

**The practice is using a SMS text and email service.**

**This service may be used to send text and email reminders to patients regarding upcoming or cancelled appointments, requests to attend for repeat tests if your GP deems appropriate, speak to the doctor / nurse or book an appointment. We may also use this service to contact patients about health promotion.**

**We always strive to maintain confidentiality of your information and will continue to do so while using this system. To help us do this, it is important that you let us know if you change your mobile number or email address in the future.**

**If you give consent for us to communicate with you by mobile text messaging and / or email as outlined above please fill in the form below. If you decide you no longer wish to receive messages through this service please inform us.**

**This service is available for patients aged 16 and over.**

**Full Name:**

**Address:**

**Date of Birth:**

**Mobile Phone Number:**

**Tick the box to confirm that this is your mobile number and does not belong to another person.**

**Email Address:**

**Do you have any communication/information needs relating to disability, impairment or sensory:**

**I have understood the information above and consent to receiving mobile and / or email messages as indicated above from Carterknowle and Dore Medical Practice.**

**Signature:**

Date: