

Patient Consent to allow Next of Kin or 3rd Party to make appointments

Northside Clinic requires your consent to enable a Next of Kin or 3rd party to book or cancel appointments or request information about appointments including confirming appointments or re-scheduling.

Please complete the following details

Patient's Details

First Name: _____ Surname: _____

Date of Birth: _____

Address: _____

Suburb: _____ Postcode: _____

Mobile: _____ Home: _____

Email Address: _____

I hereby give my consent to the following: (please circle) Next of Kin Other 3rd party

Next of Kin/3rd party details

First Name: _____ Surname: _____

Date of Birth: _____

Address: _____

Suburb: _____ Postcode: _____

Mobile: _____ Home: _____

Email Address: _____

Continued over....

Please tick the relevant boxes:

- book or cancel appointments
- request information about appointments
- confirm or re-schedule appointments

I hereby acknowledge that I am consenting to allow my nominated next of kin or 3rd party to have the above permissions to assist me with making my medical appointments and give informed consent and permission to Northside Clinic to liaise with my nominated next of kin or 3rd party to act on my behalf.

Name of patient

Signature of Patient

_____ Date _____

Name of next of kin/3rd party

Signature of next of kin/3rd party

_____ Date _____

* please note: this consent relates to appointments only; does not apply to requesting patient information from the Northside Clinic

Please return to : admin@northsideclinic.net.au