

Oldpark Group Practice  
460 Oldpark Road  
Belfast  
BT14 6QG  
028 9074 6535

## CONSENT FORM

Personal Details:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

I confirm that I give permission for a summary of medical notes to be released to Oldpark Group Practice, for the purposes of registration.

I do/do\* not wish to see the notes before they are released (\*Please delete)

**Patient's Signature**

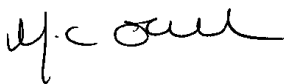
**Date**

\_\_\_\_\_

**Information requested should include:**

- Last 3 patient consultations
- Current Medications (Acute & Repeat)
- Significant Medical History / Problems
- Allergies

Signed on behalf of Oldpark Group Practice



Marie-Clare O'Neill  
Practice Manager