

TELEPHONE: 01263 -724500  
FAX: 01263- 724508



MUNDESLEY MEDICAL CENTRE  
MUNHAVEN CLOSE  
MUNDESLEY  
NORWICH  
NR11 8AR

## **3rd Party Consent Form for Adult Lacking Capacity Patient lives in a Care Home with Legal Authority to represent them**

### **Patient Details**

**Forename**.....

**Surname**.....

**Date of Birth**.....

**Address**.....

.....

**Impairment causing lack of capacity is**.....

This patient is legally represented by the above care home.

The Manager of the care home and the Doctor named below have discussed and confirmed that it is in the patient's best interest for the staff at Mundesley Medical Centre to also disclose and/or discuss any test results or information regarding above patients medical health and/or records with the following person when requested.

**Forename**.....

**Surname**.....

**Address**.....

.....

**Relationship to patient** .....

**Telephone number** .....

**Doctor Signature**..... **Name of Doctor**.....

**Managers Signature**..... **Name of Manager**.....

**Date**.....