

Consent form

It will make it easier for your pharmacists to talk to you about the medicines the person you care for is taking if they:

- Know you are the carer.
- Have written consent from the person you care for.

The consent form below has been designed to make the process easier for you. Please ask the person you care for to complete the slip below. You can hand it into your local pharmacy where they will keep it for future reference.

Patient's name

Patients address

I agree the pharmacists may discuss information regarding the medicines and/ or appliances I am prescribed and how I take/ use them with:

Name

Contact

Who is acting in their capacity as my carer.

I authorise the carer named above to collect my prescriptions from the pharmacy.

I understand I can withdraw my consent at any time, but I must notify the pharmacist if I wish to do this.

Patient's signature

Date