

Patient Consent Form – Third Party Present at Consultation

Staff at Hamilton South Medical Centre are required to seek patient consent for the presence of a third party during their consultation. A patient is entitled to either consent to or decline the presence of a third party.

Please complete this form to indicate your consent/decline to the presence of a third party during your consultation.

Patient Consent Details:

I, _____
(patient's first/given names) (Surname) Date of Birth

OR if acting on behalf of someone who is unable to provide consent;

I, _____
(patient's parent, appointed guardian or advocate's first/given names) (Surname) Date of Birth

- have requested the presence of my spouse, family member, guardian, friend, carer, interpreter or chaperone, during my consultation.

OR

- understand that the general practitioner has requested presence of a third party being an interpreter, medical or allied health or nursing professional or student, general practice registrar or chaperone, during my consultation.

AND

Consent to having a third party present during my consultation: _____
(signature) (date)

OR

Decline having a third party present during my consultation: _____
(signature) (date)