

Patient registration form - Text Message service

Should you wish to participate in our text message service, please complete the form below and return it to the Practice.

I consent to be contacted by Howden Medical Group Practice via text message with regard to consultations and general/relevant information regarding the service.

Patient details	Please complete in BLOCK CAPITALS																		
Patient forename																			
Patient surname																			
Date of birth	D	D	/	M	M	/	Y	Y	Y	Y									
Mobile number																			
Signature																			
Date	D	D	/	M	M	/	Y	Y	Y	Y									
Completing the form on behalf of the patient?																			
Print forename																			
Print surname																			
Relationship to patient																			
Signature																			
Date	D	D	/	M	M	/	Y	Y	Y	Y									

Please be aware that your number will be registered on our system with your consent for us to send information to you in this way. If you change mobile number, or pass your phone to another person, it is your responsibility to tell us, otherwise, that person may receive the information intended only for you to your nominated number.

Some older children may wish to change consent for this service to their own mobile phone number. In this instance they must complete a new consent form at the Practice.

You may withdraw consent at any time by notifying the Practice.