

**TEXT MESSAGING SERVICE**

**CONSENT FORM**

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| PATIENT DETAILS |  |
| NAME: |  |
| ADDRESS: |  |
| DATE OF BIRTH:  |  |
| MOBILE NUMBER: |  |
| I confirm that I would like to receive text messages from The Welby Practice regarding:-* Appointment Reminders
* Seasonal Reminders (flu vaccine, if you are at risk)
* Other Messages
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| I consent to receiving text messages from The Welby Practice and if I change my mobile number I agree to inform you of this change by completing another Consent Form.  |
| SIGNED: |  |
| DATED: |  |

***If you do not inform the surgery of a change of mobile number immediately someone else may receive information about you that could be confidential.***