

**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 | | |
| 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.***