**Messages to Patients via text message (SMS)**

If you are happy to receive messages text (SMS) and email\* please complete this form. (One form per person)

We will only text messages that are relevant to your on-going health care e.g. appointment reminders, requests to contact our GP regarding tests or reviews, health screening opportunities and test results.

We respect your privacy and will only contact you in this way if you give us your permission. The message you receive will not contain any personal information such as name or date of birth.

|  |  |
| --- | --- |
| Surname |  |
| Forenames |  |
| Address |  |
| Date of Birth |  |
| Telephone No. |  |
| Mobile No. |  |
| Email |  |
| **I understand that it is my responsibility to inform The Surgery if I change my mobile phone number** **Signed………………………………………… Date ……………………** |

Please complete the consent section below:

I consent to receiving text messages from Seaton & Colyton Medical Practice.

**Signed ………………………………………… Date …………………**