



SMS Messaging OPT –OUT FORM

Name	
DOB	
Address	
Contact Numbers	Home: Mobile:

Declaration:

I would like to withdraw consent for contacting me via SMS messaging. I understand this will mean I won't get appointment reminders, results or communications from my GP via SMS text message. I understand my GP will still contact me via telephone consultations and written letters.

I understand I can give consent for SMS messaging, if I change my mind at any time.

Patient Name _____

Signature _____

Date _____

For Admin Use Only. Please tick once completed.	
Add "consent declined for SMS messaging" Code on to patient notes	<input type="checkbox"/>
Add warning on patients notes "consent declined for SMS messaging"	<input type="checkbox"/>
Form scanned into patient's notes?	<input type="checkbox"/>