Meddygfa Hafan Iechyd

Patient Consent Form

Surname
First Names
Date of Birth

To be completed by **Patient / Parent/ Guardian**

1. I am the **Patient** **Parent** **Guardian** (circle as necessary)

2. In registering as a patient in Hafan Iechyd I agree to undergo the appropriate investigations / tests , if **necessary , indicated and agreed** in a consultation with a General Practitioner in the practice.

3. I understand that it is my responsibility to contact the surgery regarding the results of any procedure or diagnostic test performed either at the surgery or hospital.

    - For blood tests/ heart tracing tests / lung function tests/ hearing test - after 48 hours from original test
    - For urine tests 48-72 hours after bringing in the sample
    - For gynecological swabs, ring after 48-72 hours from the test
    - For Warfarin tests, 24 hours later after the test, before 6 pm the following day.
    - For Xray investigations after 2 weeks from original investigation date
    - For Ultrasound Scans after 6 to 8 weeks from original request (unless an urgent request has been made)
    - For bone density scans (osteoporosis scan) 2-4 weeks from the original test date.
    - For biopsy results after minor surgical procedures 14 days after the operation.

4. It is my responsibility to attend Out Patient appointments or investigations arranged by the GP in the hospital.
5. It is my responsibility to inform the practice if an Outpatient appointment or a hospital investigation has not been received (in the expected period of time) or has been cancelled.
6. It is my responsibility to keep the surgery informed of any change in details (address, phone number, name change) in order to ensure effective communication.
7. We are a Zero tolerance practice and we will not tolerate threatening and abusive behavior, if this occurs you will be removed from our medical list.
8. If an appointments is no longer required please cancel in plenty of time.

As a surgery we endeavor to communicate promptly any abnormal results or investigations and if indicated, to act upon them as a matter of urgency.

Signature of Patient Parent Guardian