CONSENT TO INVESTIGATE

NHS
Somerset
Clinical Commissioning Group

I /WE GIVE OUR CONSENT FOR

	Please circle	
Somerset Clinical Commissioning Group to investigate our/my issues with all with all parties concerned. **NB**: this may mean sharing your comments with those parties.	**YES**	**NO**
Somerset Clinical Commissioning Group to access any medical records that they feel are relevant to these issues.	**YES**	**NO**
Other Clinicians or services that provide advice and healthcare on the management of our/my issues.	**YES**	**NO**

PERSON RAISING THE ISSUE

Relationship to Patient: .....

Name: .....

Address: .....

.....**Daytime contact number:** .....

Date of Birth .....

Signature ..... **Date** .....

PATIENT DETAILS [if not person raising the issue]

Name: .....

Address: .....

.....

Date of Birth .....

Signature ..... **Date** .....

I give my consent for the person named above to act on my behalf and I understand that this may involve disclosure of my medical history and treatment. If there are any matters you wish to exempt from disclosure, please complete the box below.

Please return this form to:

Complaints, **FREEPOST – RRKL- XKSC – ACSG, Somerset Clinical Commissioning Group, Wynford House, Lufton Way, Yeovil, BA22 8HR**

NHS
Somerset
Clinical Commissioning Group

Somerset Clinical Commissioning Group is committed to providing equal access to healthcare services to all members of the community. To achieve this, gathering the following information is essential and will help us ensure that we deliver the most effective and appropriate healthcare.

If you are happy to complete this form the details required are those of the patient only.
Responding to these questions is voluntary and any information provided will remain anonymous.

What is your age? please write in the box below			☐ Prefer not to state
What is your gender?			☐ Prefer not to state
☐ Male	☐ Female		
Do you/have you ever identified yourself as trans or transgender?			☐ Prefer not to state
☐ Yes	☐ No		
What is your status?			☐ Prefer not to state
☐ Single	☐ Married	☐ Divorced	
☐ Widow(er)	☐ Separated	☐ Co-habiting (living together)	
☐ Civil partnership (same sex partnership)		☐ Other	
Are you a carer? for a relative or friend			☐ Prefer not to state
☐ Yes	☐ No		
Are you pregnant or have you had a baby in the last six months?			☐ Prefer not to state
☐ Yes	☐ No	☐ Not applicable	
Which of the following best describes how you think of yourself?			☐ Prefer not to state
☐ Heterosexual (attracted to the opposite sex)		☐ Bisexual (attracted to both sexes)	
☐ Lesbian/Gay (attracted to the same sex)		☐ Other	
Do you consider that you have a disability?			☐ Prefer not to state
☐ Yes	☐ No	☐ I don't know	
If yes, how would you describe your disability?		☐	Prefer not to state
☐ Sensory	☐ Learning	☐ Mental Health	
☐ Physical	☐ Other _____		
Do you have a religion or belief?		☐	Prefer not to state
☐ Buddhism	☐ Islam	☐ No Religion	
☐ Christianity	☐ Judaism	☐ Other Religion/Belief _____	
☐ Hinduism	☐ Sikhism		
Please tell us your ethnic group		☐	Prefer not to state
White	☐ British	☐ Irish	
☐ Gypsy, Romany or other traveller heritage			
☐ Any other White background, please state		_____	
Dual-Heritage	☐ White and Black Caribbean		
☐ White and Asian	☐ White and Black African		
☐ Any other Dual-Heritage, please state		_____	
Asian or Asian British	☐ Indian	☐ Pakistani	
☐ Bangladeshi			
☐ Any other Asian background, please state		_____	
Black or Black British	☐ Caribbean ☐	African	
☐ Any other Black background, please state		_____	
Chinese or other ethnic group	☐	Chinese	
☐ Any other ethnic background, please state		_____	

Amends 18/9/13 **Thank you for your time**