# Patient PROXY access form

**Patient wishing to give PROXY access**

**NHS Number** _____

**Surname** _____

**First Name(s)** _____

**Date of Birth** _____ **Age now** _____

**House Name** _____

**Address** _____

_____

_____

_____

**Post Code** _____

**Contact number** _____

**LPA V code**(if applicable) V _____

**Signature of Patient** _____

**Recipient of PROXY access**

**NHS Number** _____

**Surname** _____

**First Name(s)** _____

**Date of Birth** _____ **Age now** _____

**House Name** _____

**Address** _____

_____

_____

_____

**Post Code** _____

**Contact number** _____

**Relationship to patient** _____

**Signature of Recipient** _____

**ID Seen**

**Office Use only:**

**Telelphone call &**

**Date received:** **Initials:** **Validated Date:** **Initials:**

**email:** _____

RECIPIENT'S ID DOCUMENTS ARE REQUIRED TO BE VALIDATED IN PERSON

**PROXY ACCESS TO BE GIVEN (Tick in the box for the level of proxy access you wish to give)**

| **LIMITED ACCESS** | | **FULL ACCESS** | | **NHS APP and ONLINE Patient Access** | **Limited Access** | |
|---|---|---|---|---|---|---|
| Book and manage appointments.<br>Request and make enquiries about prescribed medications. | | Book and manage appointments<br>Request and make enquiries about prescribed medications<br>Request information about your medical record including test results or other information from your documented medical record | | All your appointments, prescription information & documented medical records 24/7. | **Full Access** | |