

PATIENT CONSENT & REFERRAL FORM

To provide the best care to patients, we might work closely with external registered medical practitioners, healthcare platforms and/ or, other healthcare facilities that support us to develop your medical treatment plan. In this context, we may share your personal & clinical information with such individuals and/ or organizations to develop your medical treatment plan. In some cases, we might refer you for further evaluation & treatment directly to such individuals/ organizations. We will only share information on a need-to-know basis that is necessary for the management of your health.

Patient Party:

Name of Patient:

I consent to your sharing the patient's personal & clinical information with external registered medical practitioners and/ or, other healthcare facilities to develop the patient's medical treatment plan.

Signature:

(Patient/ Guardian on behalf of Patient)

Name:

Relationship to Patient:

Date: