

## Reminder System Consent

<b>Name</b>		
<b>Date of Birth</b>		
<b>Address</b>		
<b>Phone Number</b>		
<b>Email</b>		
<b>Do you wish to receive Appointment reminders?</b>		
<input type="checkbox"/> Yes – By Email	<input type="checkbox"/> No	
<input type="checkbox"/> Yes - By SMS		
<b>Do you wish to receive any clinical reminders (such as Immunisations and Tests)</b>		
<input type="checkbox"/> Yes – By Email	<input type="checkbox"/> No	
<input type="checkbox"/> Yes – By Mail		
<input type="checkbox"/> Yes – By SMS		
<b>Do you wish to receive any Results and Clinical messages? (Eg. Your doctor has reviewed your results and would like you to make an appointment to discuss)</b>		
<input type="checkbox"/> Yes – By Email	<input type="checkbox"/> No	
<input type="checkbox"/> Yes – By SMS		
<b>Do you wish to receive any health awareness Messages?</b>		
<input type="checkbox"/> Yes – By Email	<input type="checkbox"/> No	
<input type="checkbox"/> Yes – By SMS		
<b>What Is your preferred method of contact?</b>		
<input type="checkbox"/> Home Phone		
<input type="checkbox"/> Mobile Phone		
<input type="checkbox"/> Email		

**Sign** \_\_\_\_\_ **Date** \_\_\_\_\_