

CONSENT FORM

PAPER TELEPHONE TEXT EMAIL

We may **contact you by paper, telephone, text message or email** to inform you or request information to provide you with Health Prevention Advice and other services.

I wish to be contacted by paper, telephone, text or email for the purpose above.



Name: Date of Birth:

Address:

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Please give us or update your email address and mobile number if we don't already have it.

Mobile: Email:

If you want to be contacted **YOU MUST GIVE CONSENT**