

Wheaton Hall Medical Practice Complaint Form

Section A – Patient details

Patient Name:

Date of Birth:

Address:

Eircode:

Telephone:

Email:

GMS (medical card) No.

Section B – Complaint details – (include dates, times and names of personnel, if known)

Section C – Complainant's details (if complainant is not the patient)

Name:

Relationship to patient:

Address:

Eircode:

Telephone:

Email:

Section D- Consent (if complainant is not the patient)

If you are making a complaint for a patient, or if your complaint / query is about a patient's medical care, then we need consent from the patient. Please obtain the patient's signed consent below.

I consent to my doctor releasing information to, and discussing my care and medical records, with the person named above in relation to this complaint only and I wish this person to complain on my behalf.

Signed:

Date:

(Patient or legal guardian only)

Wheaton Hall Medical Practice, Wheaton Hall, Dublin Road, Drogheda, Co. Louth A92 E266. Telephone 041 9846846 Email: wheatonhall@gmail.com. Website: wheatonhall.ie

Thank you!