



CROHN'S AND COLITIS RELIEF

Fighting the condition with love and care

PATIENT PERSONAL DETAILS

NAME SURNAME
DATE OF BIRTH EMAIL
ADDRESS POSTCODE
TELEPHONE NUMBER
MOTHER'S MOBILE FATHER'S MOBILE
SCHOOL
NHS NUMBER HOSPITAL NUMBER
HOSPITAL NAME
HOSPITAL ADDRESS
GP NAME GP PHONE NUMBER
GP ADDRESS

I, _____, the parent of the above-mentioned person, voluntarily make this designation:

THE APPOINTMENT OF PATIENT ADVOCATE

I designate Mrs Chani Rapaport from CCR, living at 58 Forburg Road, London, N16 6HT, as my child's patient advocate.

If my first choice cannot serve, I designate Mr Levi Schapiro, living at 19 Moundfield Road, London, N16 6DT, or Mr Paul (Pinchos) Grosz, living at 39 Portland Avenue, London N16 6HD, to serve as their patient advocate.

GENERAL POWERS

I authorise the release of information including my child's diagnosis, records, examination, treatment plan and medication. The patient advocates shall have access to any of their medical records and may discuss with all medical professionals the treatment options available, or ask a second opinion from other medical professionals

I sign this document voluntarily and I understand its purpose.

PARENT'S NAME SIGN
PATIENT'S NAME (12+) SIGN
DATE