

**Central Manchester and Manchester**   
**Children's University Hospitals**  
 NHS Trust

Name:	DOB:
Hospital that cares for you:	
Name of your Consultant Cardiologist:	
Your Address:	
I am interested in having access to the Cardiac Nurse via the text messaging service.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Please send me more information	
<input type="checkbox"/>	
I am happy for you to contact the hospital that cares for me and to have access to my records (if >16yrs of age to tick this for themselves)	
<input type="checkbox"/>	
I am happy for you to contact the hospital that cares for my child and for you to have access to my child's records (if <16yrs of age - parents to tick)	
<input type="checkbox"/>	
Signature of young person (>16yrs).....Date.....	
Signature of parent as well if <16yrs.....Date.....	

Your records are needed as it is important to understand your heart problem in order to give you the right advice

On receipt of this form you will be sent out more information in the post

Please send form to:

Linda Griffiths, Nurse Specialist (ACHD), Manchester heart Centre, Manchester Royal Infirmary,  
 Oxford Road, Manchester, M13 9WL