

REPLACE WITH LOCAL

NHS LOGO

**Patient Consent Form**

Name of Organisation/ Surgery/Clinic ...........................................................................................

Address……………………………………………………………………………………………………………………………………..

Contact Number………………………………………………………………………………………………………………………..

I, ..............................................................understand that as part of the Flo mobile phone text service I am responsible for:

* Replying to the texts sent by the Flo system which ask for an answer or a reading
* Acting in accordance with the advice as written in my personal dual management plan
* Looking after the following equipment which has been loaned to me, and returning it when asked to do so:

Equipment: 1.................................................................................................................................

Equipment: 2.................................................................................................................................

If I feel I no longer want to participate in the Flo service, I can text STOP, and will be removed from the system. If I want a temporary break from the service, I can text HOLIDAY (or AWAY), and when I want to resume, text HOME. (If my holiday is abroad in a different time zone I should text HOLIDAY, or ask my clinician if the message timing can be amended.)

I understand that I will be sending mobile phone text messages to a computer program, and that clinical staff will only look at the readings I send once a week. I am therefore still responsible for my health, and if I feel unwell, will take whatever action is necessary for my well-being, including seeking help from health professionals in the usual way.

If I do not receive a reminder message for some reason, I understand that I am still responsible for taking my medication as agreed with my clinician.

Patient to write in own handwriting: ‘I understand that the Flo system is not a replacement for my usual care from my GP or nurse.’

.........................................................................................................................................................

.........................................................................................................................................................

The best phone number to make contact with me is………………………………………………………………….

The best time to call is………………………………………………………….

I will not change my mobile phone number without letting my practice know.

Signed (patient):........................................................ Date:……………………………………………………….

Clinician Name:......................................................... Phone:.............................................