****The Cogwheel Trust

G.P. Details and Consent Form

**Client name:**

**Date of birth:**

**Address:**

**G.P. name:**

**G.P. telephone number:**

**G.P. surgery address:**

*I understand and agree that my G.P. may be contacted if Cogwheel has serious concerns regarding my mental health or physical wellbeing, or if I am deemed at risk to myself or to someone else.*

**Signed:**

**Dated:**