

My Summary Care Record Choice

A. Please complete in **BLOCK CAPITALS**

Title Surname/Family Name.....

Forename(s)

Address

Postcode.....Phone No.....Date of Birth

NHS Number (if known).....

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your nameYour Signature

Summary Care Record Options	Please tick
Yes I would like a summary care record containing details of my medications, allergies and any bad reactions to medications I have had	
Yes I would like a summary care record containing details of my medications, allergies and any bad reactions to medications I have had AND any other information that I have agreed with my GP Practice to have included in my summary care records <i>Please indicate what information you would like adding if you know</i>	
No I do not want a summary care record	

If you do not return this form, a summary care record will be created for you based on implied consent.

What does it mean if I DO NOT have a summary care record?

NHS healthcare staff caring for you may not be aware of current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now, with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please contact your local patient advice liaison service (PALS) or contact your GP practice.