Summary Care Record

As a new patient to our surgery we are required to obtain your consent or dissent for you to have a Summary Care Record in place. You will have been asked this previously but when you change surgeries you must make the decision again. Please tick your preference on the slip below and sign and date it.

Please note: we cannot register you here as a patient until this slip is completed.

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Name: …………………………………………………………………………………………………….

DOB: ……………………………………………………………………………………………………….

Address: …………………………………………………………………………………………………

……………………………………………………………………………………………………………….

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Please tick one of the following:

* Express consent for medication, allergies and adverse reactions only.
* Express dissent – patient does not want a Summary Care Record.

Signed…………………………………………………………………………………………………………..

Date………………………………………………………………………………………………………………

If you are filling out this form on behalf of another person or a child please add your details below:

Name: …………………………………………………………………………………………………………

Relationship to patient: ………………………………………………………………………………

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