

**Summary Care Record**

As a new patient, we need to ask whether you would like to have a Summary Care Record created. You will have been asked this at your old surgery 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.

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

DOB: …………………………………………………………………………………………

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

…………………………………………………………………………………………………

…………………………………………………………………………………………………

Please tick one of the following:

|  |  |
| --- | --- |
|  | Express consent for medication, allergies and adverse reactions only. |
|  |  |
|  | Express consent for medication, allergies and adverse reactions and additional information (such as significant medical history and immunisations). |
|  |
|  |  |
|  | Express dissent – patient does not want a Summary Care Record. |
|  |

Signed…………………………………………………………………………………………

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

If you are filling out this form on behalf of a child, please add your details below (if you are filling out this form on behalf of someone other than a child the request will be considered by the practice):

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

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