

# Summary Care Record opt in/out form

Please fill out the form to let us know if you would like to opt in or out of the summary care record and send it to your GP practice

## A. Please complete in BLOCK CAPITALS

Opt in       Opt out       Please tick the appropriate box

Title ..... Surname / Family name .....

Forename(s).....

Address.....

.....

Postcode ..... Phone No .....

Date of birth .....

NHS Number (if known) .....

Signature .....

**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 name .....

Your signature.....

Relationship to patient .....Date .....

### **What does it mean if I DO NOT have a Summary Care Record?**

NHS healthcare staff caring for you may not be aware of your 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 GP practice.

### **Your emergency care summary**

Actioned by practice: yes / no Date.....

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CONFIDENTIAL

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