**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**

1. **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 Your records will stay as they are now

may not be aware of your current with information being shared by

medications, allergies you suffer from letter, email, fax or phone.

and any bad reactions to medicines

you have had, in order to treat you

safely in an emergency.

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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