



Summary Care Record Choice -

**TO BE COMPLETED BY ALL NEW PATIENTS BEFORE
REGISTRATION AT THIS PRACTICE**

If you have any questions about Summary Care Records, please speak to a member of staff. If you need more time to make your choice you should let the GP Practice know.

Yes I would like a Summary Care Record

No I do not want a Summary Care Record

Patient Details: Forename(s): _____ Surname: _____ Address: _____ _____ _____ Postcode: _____ Date of Birth: _____

If filling out this form on behalf of someone else (the GP practice will consider your request): Name: _____ Relationship to patient: _____
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Signature: _____

Date: _____
