

Summary Care Record (SCR) Patient Preference Form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to the GP Practice you are registered with:

Yes – I would like a Summary Care Record

Express preference for medication, allergies and adverse reactions **only**.

or

Express preference for medication, allergies, adverse reactions **and** Additional Information.

No – I would not like a Summary Care Record

Opt-out of Summary Care Record

Name of Patient:

Address:

Postcode: Date of Birth:

NHS Number (if known):

Signature: Date:

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name:

Please circle one: Parent Legal Guardian Lasting power of attorney
for health and welfare

If you require any more information, please speak to your GP practice.