



Your emergency care summary

CONFIDENTIAL

## CONFIRMATION FORM

I Consent for my clinical information to be included with the Summary Care Record (I can change my mind at any time by contacting the surgery).

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

Postcode..... Phone No..... Date of birth.....

NHS Number (if known)..... Signature .....

### 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.

## If you DO NOT want a Summary Care Record Please fill out the form below:

### A. Please complete in BLOCK CAPITALS

Title ..... First name..... 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 .....

FOR UMP USE ONLY

Actioned by practice: yes / no

Date.....