



Your emergency care summary

My Summary Care Record Choice

A. Please complete in BLOCK CAPITALS

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 .....

Table with 2 columns: Summary Care Record Options, Please Tick. Rows include YES (medications/allergies), YES (medications/allergies AND other info), and NO (do not want a record).

If you do not return this form, a Summary Care Record will be created for you based on implied consent.

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 local Patient Advice Liaison Service (PALS); or • contact your GP practice.