



Summary Care Record Patient Consent Form

Please return this form to your GP practice.

Title:	
Full Name:	
Address:	
Postcode:	
Telephone Number:	
Date of Birth	
NHS Number:	

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

Yes – I would like a Summary Care Record

Express consent for medication, allergies and adverse reactions only.

or

Express consent for medication, allergies, adverse reactions and additional information.

No – I would not like a Summary Care Record

Express dissent for Summary Care Record (opt out).

What does it mean if I DO NOT have a summary care record?

Health-care staff treating you may not be aware of your current medications in order to treat you safely and effectively.

Health-care staff treating you may not be made aware of current conditions and/or diagnoses leading to a delay or missed opportunity for correct treatment.

Health-care staff may not be aware of any allergies/adverse reactions to medications and may prescribe or administer a drug/treatment with adverse consequences.

If you have any questions, or if you wish to discuss your choices or concerns, please telephone the NHS Care Records Service Information Line on 0845 603 8510.

If you remain unsure about whether or not to have a SCR please contact your practice.

Patient Signature:		Date:	
Actioned by Practice:		Date:	