

Summary Care Record patient consent form

Having read the attached information 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 / TPP surgery clinical system

Express consent for medication, allergies and adverse reactions only.

No – I would not like a Summary Care Record / TPP surgery clinical system

Express dissent for Summary care Record (opt out)

Name of Patient:

.....

Date of birth: Patient's postcode:

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:

Full name:

.....

Please tick one of the boxes below:

Parent

Legal Guardian

Lasting Power of attorney for health and welfare

For more information, please visit <https://www.digital.nhs.uk/summary-care-records/patients>

Call NHS digital on 0300 303 5678 or speak to your GP Practice.

For GP practice use only

The patient wants a Summary Care Record / TPP with core and additional information
(express consent for medication, allergies, adverse reactions and additional information) XaXbZ

The patient wants a core Summary Care Record / TPP
(express consent for medication, allergies and adverse reactions only) XaXbZ

The patient does not want to have a Summary Care Record / TPP
(express dissent for Summary Care Record – TPP – opt out) XaXj6