

Summary Care Record – Opt in form

Use this form to opt in to the Summary Care Record.

Opt in to the **Core Summary Care Record**

This will allow other healthcare organisations to view, with your consent:

- Current medication
- Allergies
- Adverse reactions

I consent to the creation of a **Core Summary Care Record**

Name:

Date of birth:

Signature:

Date:

Opt in to the **Summary Care record with additional information**

In addition to medication, allergies and adverse reactions, this will allow other healthcare organisations to view, with your consent:

- Significant medical history (past and present)
- Reasons for medication
- Anticipatory care information (such as information about the management of long-term conditions)
- Communication preferences
- End of life care information
- Immunisations

I consent to the creation of a **Summary Care Record with additional information**

Name:

Date of birth:

Signature:

Date:

Once complete, please return to Eastville Medical Practice reception.

