

Surrey Care Record

If you DO NOT want a Surrey Care Record please fill out this form and send it to your GP practice. Please complete in BLOCK CAPITALS

Request for my clinical information to be withheld from the Surrey Care Record

Section A

Title.....

Surname / Family name.....

Forename(s).....

Address.....

Postcode.....

Phone No.....

Date of birth.....

NHS Number (if known).....

Signature.....

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

Section B

Your name:

Relationship to patient.....

Date.....

Your signature:

Q: What does it mean if I DO NOT have a Surrey Care Record?

A: NHS healthcare staff caring for you may not be able to access details shared by other health and social care providers about care you have received, 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.