

Meneage Street Surgery

Summary Care Records consent form

Name: Date of birth:

Please tick the box below to indicate your preferred Summary Care Record consent:

- Implied consent for medication, allergies, and adverse reactions only
- Express consent for medication, allergies, and adverse reactions only
- Express consent for medication, allergies, adverse reactions, AND additional information
- Express dissent (opted out) - Patient does not want a Summary Care Record

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

Signed: Date: