**NHS Enhanced Summary Care Record with additional information**

If you are registered with a GP practice in England you will have a core Summary Care Record (SCR), unless you have previously chosen not to have one. It includes important information about your health:

* Medicines you are taking
* Allergies you suffer from
* Any bad reactions to medicines

**You can also choose** to have additional information included in your SCR, which can enhance the care you receive. This information includes:

* Your illnesses and health problems
* Operations and vaccinations you have had in the past
* How you would like to be treated – such as where you would prefer to receive care
* What support you might need
* Who should be contacted for more information about you

**Healthcare leads across LLR recommend that all patients sign up.** You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs. Having an enhanced SCR can help the staff involved in your care access information more quickly, enabling them to make better and safer decisions about your treatment.

**What to do next**

If you would like your SCR to be enhanced with additional information (or the SCR of someone you are a carer for), then please complete this form, to be returned to your GP surgery.

Name of patient: ………………………………………………………………………………………………

Date of birth: ……………………………… Patient’s postcode: …………………………………………

Surgery name and location: …………………………….......................................................................

NHS number (if known): …………………………………………………………………………………......

Signature: ……………………………………………………. Date: ………………………………………..

Read Code: 9Ndn. Express consent for core and additional Summary Care Record dataset upload

If you are filling out this form on behalf of another person, please ensure that you fill out their details and sign the form above, and provide your own details below:

Name: ……………………………………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| Parent | Legal Guardian | Lasting power of attorney for health and welfare |

Capacity:

Please circle one

If you require any more information, please visit <https://digital.nhs.uk/summary-care-records>or speak to your GP Practice.