



NHS Summary Care Record with additional information

Patients registered with a GP practice in England will have a '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 may need to be treated by health and care professionals that 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 SCR means that when you need healthcare you can be helped to recall vital information.

SCRs can help the staff involved in your care make better and safer decisions about how best to treat you.

You can 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

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What to do next

If you would like this information adding to your SCR (or the SCR of someone you are a carer for), then please complete this form, for return to the relevant GP surgery.

If you would like to speak to us first please contact Rachael Atkinson or Justin Wood at the Surgery.

Name of Patient:

.....

Date of Birth: .../...../..... Patient's Postcode:

Surgery Name: North Road Suite – Dr N Chandra & partners.
Ravensthorpe Health Centre, Netherfield Road, Ravensthorpe,
Dewsbury. WF13 3JY

NHS Number (if known):

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Signature: Date:

If you are completing this form on behalf of the person above, please ensure that you check the details above are correct; then **you** sign the form above and provide your details below:

Your full name:

Your address:Post Code.....

Your contact details: Home Number:Mobile:

Capacity in which you are signing this form:

Relationship to the patient:

Or please circle if you are: The above patients Legal Guardian or have lasting power of attorney for health and welfare **(It is important that we take a copy of original documentation and record this in the patients record)**

Are you a patient at North Road Suite? Yes/No

For practice use: To update the patient's consent status to 'Express consent for medication, allergies, adverse reactions and Additional Information' use the SCR consent preference dialogue box or add Read code **9Ndn** (or CTV3 code **XaXbZ** for SystmOne practices).

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