

Tain & District Medical Group – ECS opt out form

If you **DO NOT** want an Emergency Care Summary please fill out the form and return it to the practice.

**Section A. Please complete in BLOCK CAPITALS**

Name:	
Date of Birth:	
Permanent home address:	
Post code:	
Telephone number:	
Signature:	Date:

**Section B. If you are filling out this form on behalf of another person or a child please ensure you fill out their details in Section A and your details in Section B**

Your name	
Relationship to patient	
Signature:	Date:

**What does it mean if I DO NOT have an Emergency Care Summary?**

NHS healthcare staff caring for you may not be aware of your 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 question or if you want to discuss your choices then please contact the practice.