



THE HAVEN PRACTICE

Consent for Summary Care Record

Please view our **Summary Care Record Letter**.

Full Name:

Date of Birth:

Phone Number :

Email Address:

I have read the above letter about Summary Care Records

Do you give consent for your Summary Care Record?

Yes

SCRAI - Express consent for medication, allergies, adverse reactions and additional information.

SCR - Express consent for medication, allergies, and adverse reactions only.