Mesnes View Surgery, Mesnes Street, Wigan WN1 1ST

NHS SUMMARY CARE RECORD

WITH ADDITIONAL INFORMATION

If you would like additional information adding to your SCR, then please complete this form, for return to the surgery.

Name of Patient:

………………………………………………..….....................................

Date of Birth: ……………………Patient’s Postcode: ……………………….

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

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

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

Name: ………….....................................................................................................

Capacity: circle as appropriate Parent Legal Guardian Lasting Power of Attorney

If you require any more information, please visit **https://digital.nhs.uk** or phone NHS Digital on **0300 303 5678** or speak to your GP Practice