

- I WOULD LIKE TO CHOOSE A HEALTHCARE CENTRE
- I HAVE ALREADY CHOSEN A HEALTHCARE CENTRE BUT WOULD LIKE TO CHOOSE A DOCTOR

I would like to choose the following health centre:

I would like to choose the following doctor (*assuming the centre offers this option*):

Name: _____

Personal ID number: _____

Phone: _____

Place and date: _____

Signature: _____

Please fill out the following section if you have legal custody of children under 16.

- The above choice also applies to the children of whom I have legal custody.
- The children of whom I have legal custody would like to choose the following healthcare centre:

I would like to choose the following doctor (*assuming the centre offers this option*):

I/we have legal custody of the following children (*both signatures are required if you have joint custody*):

Name of child/children: _____

Personal ID number(s) of child/children: _____

Place and date: _____

Signature: _____

Signature: _____

I am switching to another health centre in Blekinge and grant my previous centre permission to turn over my medical records.

I recently moved to Blekinge and grant my previous centre permission to turn over my medical records if they are needed for my care and treatment. The name of my previous centre is:

My approval does not cover the national medical records database.

Post or turn in the form to the healthcare centre that you have chosen. The personal details you provide will be stored in the Hälsoval database. Blekinge County uses the system of joint access to medical records. For more information see www.1177.se/Blekinge