

Form for choosing a health centre in Region Gävleborg

Please use this form to register with your choice of health centre. You may use one form for the entire family. The form must be signed and dated for the registration to be valid.

One parent/guardian signature is required for children under 18 years of age. In the case of shared custody for children under 13 years of age, both parents/guardians must sign.

You can find more information about health centres and further registration forms at 1177.se/gavleborg/halsovalgavleborg.

I understand that when I choose a health centre in Region Gävleborg, the regulations of Region Gävleborg apply.

I/WE CHOOSE/WOULD LIKE TO CHANGE TO

Name of health centre	Date
Name	Date of birth / social security number yyyy-mm-dd-xxxx
Signature	
Former health centre	

Name of health centre	Date
Name	Date of birth / social security number yyyy-mm-dd-xxxx
Signature	
Former health centre	

Name of health centre	Date
My child's name	Date of birth / social security number yyyy-mm-dd-xxxx

Name of health centre	Date
My child's name	Date of birth / social security number yyyy-mm-dd-xxxx

Name of health centre	Date
My child's name	Date of birth / social security number yyyy-mm-dd-xxxx

Former health centre	Date
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One parent/guardian signature required for children under the age of 18. In case of shared custody for children under 13 years of age, both parents/guardians must sign.

Guardian name:	Date of birth / social security number yyyy-mm-dd-xxxx
Signature	
Guardian name	Date of birth / social security number yyyy-mm-dd-xxxx
Signature	