

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 15 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.

You can choose the health center which suits you best. You can change your choice of health center twice within a year, starting from your first choice. If you choose a health center more than twice in a year, then you will have write and explain why you want to change it again:

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|--|
| Why do you want to change health center? |
|--|

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 | |

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

| | |
|-----------------------|--|
| 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 |

One parent/guardian signature required for children under the age of 15. 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 | |