

YES, I WOULD LIKE TO CHANGE PRIMARY HEALTHCARE CENTRE



I would like to change to the following healthcare centre:

I would like to choose the following doctor *(only if the primary healthcare centre offers this)*:

Name: _____

Personal ID number: _____

Tel.: _____

Place and date: _____

Signature: _____

Please note: The following part must be completed if you are a parent/guardian:

The above choice also applies for the child/children for whom I am the parent/guardian.

The child/children for whom I am the parent/guardian will change primary healthcare centre to:

I would like to choose the following doctor *(only if the primary healthcare centre offers this)*:

I am the parent/guardian of: *(if this role is shared, both parents/guardians must sign)*:

Name of child/children: _____

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

Place and date: _____

Signature: _____

Signature: _____

Post or hand in your application to change to your chosen primary healthcare centre. The personal details that you provide will be stored in the data register used to manage the choice of primary healthcare centre. Blekinge County Council applies coherent record keeping, read more at www.ltblekinge.se/halsoval.

If you're already satisfied with your primary healthcare centre, you don't need to make a new choice.

