

Changing health care services to another health centre

This form communicates the choice of treatment facility for non-urgent care as per Health Care Act. (Health Care Act 1326/2010.) (**Mandatory information is marked with an asterisk*.**)

1. Personal details

Personal identity code: *

Surname and first names: *

Street address: *

Postal code and town: *

Municipality of residence: *

2. Information on the choice of health services and health centre

My choice concerns:

Physician, nurse, and rehabilitation services

My current health centre is:

My choice for my new health centre:

Maternity and child health clinic and contraception clinic services

My current health centre is:

My choice for my new health centre:

Oral health care services

My current health centre is:

My choice for my new health centre:

I would like to be notified of the change of health centre to this telephone number:

You can visit your new health centre three weeks after the form was received, at the latest. Be prepared to prove your identity with a passport or a photo ID when visiting your new health centre for the first time. You can change health centres at most once a year.

3. Date and signature

Date:

Signature and print name:

I agree to my patient data being handed over from my current health centre to my new health centre.

4. Returning the form

The form is returned to the chosen new health centre / new health centres (if you selected more than one service in section 2). You can also return the form by post. Health centre addresses can be found in Varha's online service.