

## Form for choice of district health centre

If you can please use a computer and go to <https://www.1177.se/Vasternorrland/e-tjanster> and fill in the form for the health centre you wish to belong to. You can use this form if you do not have a computer. Please use block capitals.

**Leave or send this form to the health centre you choose.**

Personal ID number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code, city: \_\_\_\_\_

Phone number: \_\_\_\_\_

Cellphone: \_\_\_\_\_

I choose this district health centre: \_\_\_\_\_

Previous district health centre: \_\_\_\_\_

I want to join the queue for a health centre. Write the name of the healthcentre: \_\_\_\_\_

City and date \_\_\_\_\_

\_\_\_\_\_  
Signature\*

\*If the choice of health centre refers to a minor (under the age of 16) shall the form be signed by both parents (legal guardian). For the person with a trustee shall the trustee sign the form.