

Details of the Record to be accessed:

Patient Surname:	NHS Number
Patient Forename:	Address:
Patient Date of Birth:	
Tel No:	

Details of the Person who wishes to access the records, if different from above:

Surname:	Address:
Forename:	
Relationship to patient:	
Tel: No:	

Details of Application

I am applying for access to medical records only (please tick as appropriate)			
I am applying for copies of medical records for the following period: (please note that this may take up to one month to process)	From:	To:	

Please tick all that apply:

- I am the patient
- I have been asked to act by the patient and attach the patient's written authorisation
- I am acting in Loco Parentis and the patient is under twelve and is incapable of understanding the request / has consented to me making this request (delete as appropriate).
- I am applying for access on behalf of a patient who is age 12-16 (please note that, legally, patients from the age of 12 years who are judged by the GP to be able to make decisions on their own, must agree if the practice is to give out medical information to their parent/guardian. For this reason, applications for patients age 12-16 must be accompanied by written consent from the patient and will be passed to the GP for authorisation.
- I am the deceased patient's personal representative (executor of the will) and attach confirmation of my appointment.
- I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that (please supply your reasons below):

Applicant's Signature:.....

Date:.....

For Practice Use ONLY

Please list ID documents seen	1.	2.
Identity verified	Reception Signature	Date
Data requested (code 8MA)		
Data Extracted & Checked		
Data Reviewed by Patient (code 9N5A)		
Patient advised ready to collect (code 91B)		