**IN CONFIDENCE**

**REQUEST FOR ACCESS TO HEALTH RECORDS**

Complete in BLOCK CAPITALS

Particulars of the person whose information is requested

SURNAME ………………………...FORENAME……………………………DOB…...

CURRENT ADDRESS

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………POSTCODE………………

TELEPHONE

NUMBER…………………………………….MOBILE…………………………….

EMAIL…………………………………………………………………………………………

DIFFERENT NAMES / ADDRESSES IF APPLICABLE:

PREVIOUS SURNAME (1) ………………………………………..

(2) ………………………………………..

PREVIOUS

ADDRESS………………………………………………………………………………

….………………………………………………………………………………………..

……………………………………………………………………………………………

APPLICABLE DATES:

………………………………………………………………………………

Application type (please tick next to appropriate request):

**Copy of medical records**

Computer summary

Computer plus manual records

**View medical records:**

Computer records

Computer plus manual records

**Online access to medical records**

Applicants name: …………………………………………………………………………

Applicant’s signature……………………………………………………………………….

**To be filled out by reception team:**

Date request received………………………………..

Request received by…………………………………..