WELLINGTON

Medical Practice

MEDICAL RECORDS ONLY REQUEST FORM

The quickest way to access your medical records is by downloading and registering the free NHS App directly onto your phone or computer. Please consider this option instead before continuing to complete this form

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PATIENTS PLEASE ONLY *PRINT THIS PAGE AND THE NEXT PAGE.*
***BOTH PAGES* MUST BE RETURNED TO THE SURGERY USING THE POST BOX BEFORE YOUR REQUEST CAN BE PROCESSED. PLEASE NOTE ONLY ORIGINIAL HAND SIGNED SIGNATURES WILL BE ACCEPETED**

This form is for use by the patient only.

Please note that it may take up to **1 calendar month** to process your request. You will be notified when the work is ready to collect. The practice will contact you when the information in ready. **You will be asked to provide valid photo identification on collection. No records will be posted out as all records must be collected in person for data security**

Name:	**Date of Birth:**
Address:	
Contact Phone Number (mobile preferred):	
Email Address: We are able to email records after full ID checks	

What information do you require (Please tick)

☐ Blood Test results (Please specify which ones/date ranges)
……
……

☐ Clinical letter from hospital/clinic (Please specify which ones/date ranges)
……
……

☐ Immunisation history to include COVID Vaccine

☐ Other (Please specify)……
……

Patient's Consent Signature:-……Date……

ONLY TO BE COMPLETED ON THE DAY OF ID VERIFICATION AND COLLECTION IF PAPER FORM

PATIENT DISCLAIMER: I confirm that I have received the requested copies of my Medical Records. I accept full responsibility for the safety and security of these records.

Patient Reconfirm Email address below to receive via Email (Patient to hand write clearly please)

……

Patient Reconfirm Mobile Number below to get security code (Patient to hand write clearly please)

……..

Signature of Patient: ……..

Print Name: ……

Name of Staff Member verifying ID: ……..

Signature of Staff Member: ……

EMAIL VERSION TO BE SENT ☐

Name of Staff Member Handing over the Records: ……

Date: …….. Time: ……