



# 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**



**order repeat prescriptions**



**book and cancel appointments at your GP surgery**



**view your GP medical record**



**access NHS 111 online**



**access to a range of other NHS services**



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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 ORIGINAL**  
**HAND SIGNED SIGNATURES WILL BE ACCEPTED**

**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 is 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**

<b>Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	
<b>Contact Phone Number (mobile preferred):</b>	
<b>Email Address: We are able to email records after full ID checks</b>	
<b>What information do you require (Please tick)</b>	
<input type="checkbox"/>	Blood Test results (Please specify which ones/date ranges) ..... .....
<input type="checkbox"/>	Clinical letter from hospital/clinic (Please specify which ones/date ranges) ..... .....
<input type="checkbox"/>	Immunisation history to include COVID Vaccine
<input type="checkbox"/>	Other (Please specify)..... .....
<b>Patient's Consent Signature:- .....Date.....</b>	

**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: .....