

Medical Information / Subject Access Request

This form is for the intention of requesting medical information only.

Upon receipt of your request, the practice will aim to respond within 30 working days.

Please consider downloading the [NHS App](#)

SECTION 1 - YOUR DETAILS

Name

Date of Birth

For example, 15 3 1984

Day Month Year

Phone Number (optional)

Email Address

Named GP (if known) (optional)

SECTION 2 - MEDICAL REPORT REQUEST

Please note that not all services are covered under the NHS contract. Some requests such as certain medical reports, letters, or forms, may fall outside of NHS-funded work and will incur a [Fee](#). You will be informed in advance if charges apply.

What type of medical report do you require?

☐

LGV/HGV/PSV Medicals

☐

Taxi Medicals

☐

Other

If you have selected "Other" please specify below

Why do you require this report? (optional)

SECTION 3 - MEDICAL RECORDS (Subject Access Request)

WHAT TYPE OF MEDICAL INFORMATION DO YOU REQUIRE?

- ☐ Medical Records for last 10 years
- ☐ Health Summary
- ☐ Specific Condition(s) / Date Range of Records
- ☐ Full Medical Records

If you require records relating to a specific condition or from a certain date range, please specify details below. If you have chosen Summary, please specify the details you would like included

WHY DO YOU REQUIRE THIS INFORMATION?

APPLYING ON BEHALF OF SOMEONE

If you are requesting information on someone else's behalf, we will require proof of authority. Without this we will be unable to process the request.

The practice will contact you for proof of authority once your request has been received.

NAME

DATE OF BIRTH

ADDRESS inc Postcode

PLEASE SELECT FROM THE FOLLOWING:

- ☐ I am the Parent/Guardian of a children under 12
- ☐ I am 12 or older
- ☐ I have written authority
- ☐ I have lasting Power of Attorney (Health & Welfare)
- ☐ Other

If you have selected other, please specify below (optional)

THIS FORM COLLECTS YOUR NAME, DATE OF BIRTH, EMAIL, OTHER PERSONAL INFORMATION AND MEDICAL DETAILS. THIS IS TO CONFIRM YOU ARE REGISTERED WITH THE PRACTICE, TO ALLOW THE PRACTICE TEAM TO CONTACT YOU AND ALSO TO UPDATE YOUR MEDICAL RECORDS HELD BY THE PRACTICE AND OUR PARTNERS IN THE NHS. PLEASE READ OUR PRIVACY POLICY TO DISCOVER HOW WE PROTECT AND MANAGE YOUR SUBMITTED DATA

- ☐ I consent to the practice collecting and storing my data from this form.