

ACCESS TO GENERAL PRACTITIONER RECORDS

PATIENT'S AUTHORITY FOR RELEASE OF GENERAL PRACTITIONER RECORDS

TO: CROWN MEDICAL PRACTICE, Tamworth Health Centre, Upper Gungate,
Tamworth, Staffordshire B79 7EA

FULL NAME OF PATIENT:

(please include any former surnames)

DATE OF BIRTH:

CURRENT ADDRESS:
(Please amend as appropriate)

TELEPHONE NUMBER(S):

YOUR EMAIL ADDRESS FOR NOTES TO BE SENT TO:

.....

OR

NAME & EMAIL ADDRESS OF THIRD PARTY INFORMATION TO BE SENT TO:

.....

Former Address:
(if moved in last 5 years)

DATE OF ACCIDENT/EVENT:

INJURIES SUSTAINED:

.....

IS CLINICAL NEGLIGENCE ALLEGED? YES/NO

IF SO, AGAINST WHOM?

I request a copy of: (please tick **only one** option)

ALL my medical records (all held from birth if we have them)

- Medical records dated from (insert date)

Medical records relating to the following injury and/or condition:

.....
.....

ALL medical records **except** those relating to the following injury/condition:

.....
.....

I understand that my general practitioner has a duty to peruse my records before they are released, and that he/she may withhold any references to third parties, or information that he/she considers may be harmful for me to know.

SIGNATURE OF PATIENT

DATE OF SIGNATURE