## **Application for Access to Medical Records**

We are legally required to give you access within 28 days (20 working days) of receipt of your application.

Please complete the	e following details in full		
Surname:			
Forename (s):			
Date of Birth:		NHS Number	
Address:			
	Postcode	Email	<del>-</del>
GP Name (General Practitioner)			
Signature of Applica	ant:	Date:	<del></del>
	at capacity you have signed by documentation and information	/ ticking the appropriate box. Ple on.	ease provide the
☐ I am the legal ○ Is inca	sked to act by the patient and	•	
Please confirm the re	quest by ticking the appropria	te box	
☐ I would like a ☐ I would like a ☐ I would like a	ng a copy of my notes because brief computer summary of my full computer summary of my full copy of computer and arch copy of records between spec	records records ived paper records	
Please give da	ate range: From	To	
☐ I would like copy records relating to a specific condition/specific incident only. Please provide details below and date range as applicable			
Private Administration The Downland Practic East Lane Chieveley Newbury Berkshire RG20 8UY	ce	Suitable forms of patient identif (Reception to take a copy pleas  Passport Driving Licence Photo Identify Card Birth Certificate NHS Card	

## Notes to accompany the request

**Brief computer summary** includes:- basic summary of current medication, immunisations, medical conditions, last 3 consultations.

**Full computer summary** includes:- your electronic medical history, medications past and present, health conditions, active and past, immunisations, consultations, blood test results, documents including referrals.

**A full computer summary and paper records** including the above plus copies of the Lloyd George paper and card records held in archives prior to computerisation of records.

Records between specific periods only or relating to a specific condition/specific incident Periods and /or parts of your health record you may require that include specific dates, consultants name, written diagnosis, tests and reports. Note: defining the specific records you need may result in a quicker response.

## **NHS App**

Kindly note that this form **should not be used** if you wish to apply for access to your medical records through the NHS App. Please download to NHS App. If you have already downloaded the App and it is not working for you then we can help at Reception.