**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:……………………………………………………………….**

**…………………………………………………………………………………………..**

**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)

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

* Medical records dated from ……………………..………………. (insert date)

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

…………………………………………………………………………………

…………………………………………………………………………………

O **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** …………………………………………………………..