|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1 - Your Details** | | | | | | | |
| **Please ensure you use your formal name in this section** | | | | | | | |
| Mr Mrs Ms Dr | | First Name | | Surname | | | |
| Middle name (s) | |  | | Date of Birth | |  | |
| Address | |  | | | | | |
| Postcode | |  | | | | | |
| Email Address | |  | | | | | |
| Contact Number | |  | | | | | |
| We will contact you on the number provided when records are ready. Are you happy for us to leave a message at this number? ( **Please tick**) | | | | | | Yes | No |
| **If you are requesting a Medical Summary on behalf of someone over the age of 16:** | | | | | |
| Full Name |  | | | | | | |
| Relation |  | | | | | | |
| I …………………………………. Consent to ……………………………….. Requesting medical records on my behalf.  Signature……………………………………….. Date: …………………………………. | | | | | | | |
| **Section 2 - Signature** | | | | | | | |
| **Signed** | | | **Date** | | | | |
| **I consent to see any sensitive information that I may not currently be aware of** | | | | | **Tick:** | | |
| ***Please hand this form to a receptionist or send the form via email to nhsh.gp55889-reception@nhs.scot*** | | | | | | | |

**NOTE: Records will NOT be released to third parties unless written authorisation is given by the patient in advance.**