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| **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.**