

Instructions

Please use this template as a guide to request your full medical records from your registered GP practice.

Parts highlighted in [YELLOW] are for you to complete.

PRIVATE AND CONFIDENTIAL

[Your address]

[Today's date]

[Name of records manager or practice manager]

[The GP practice address]

Dear [Records manager or practice manager],

Re: [your name, date of birth and address]

I am writing to request my full medical records under section 45 of the Data Protection Act 2018. Please ensure the records contain all consultation notes and attachments such as; outpatient/specialist letters, A&E or hospital discharge letters and scanned documents.

I include below relevant personal information to assist you in identifying these.

- First name: [Your first name]
- Middle names: [Your middle names]
- Surname: [Your surname]
- Address: [Your address]
- Postcode: [Your postcode]
- Date of birth (DD/MM/YYYY): [Your date of birth]
- Male or Female: [Your gender]
- Previous name or address on medical records if this is different to the current name and address above: [Your previous addresses or names]

I would like a computerised copy (ideally pdf) of my full medical records to be emailed to [email address] or if this is not possible, a hardcopy posted to my address above.

Yours sincerely

Signed:

Print name:
