

Patient Online Services Retrospective Record Access Request for patients aged 16 years+

This form is for patients over the age of 16 who already have prospective access to their medical records either via the NHS App or Patient Access. You should only complete this form if you are wanting access to your retrospective (past) records that are not currently available on your NHS or Patient Access App.

Surname												
First name												
Date of birth			,	/			,	/				
Address						 						
Postcode												
Email address*												
Name of GP												
Landline number												
Mobile number												

Which elements of your record would you like access to?	Yes/No	Complete record or specified dates?				
I would like access to my general practice consultations	Yes 🗆 No 🗆	Complete record □ or Specified Dates □ From: _/_/ To: _/_/				
I would like access to incoming and outgoing documents	Yes 🗆 No 🗆	Complete record □ or Specified Dates □ From:// To://				
I would like access to my test results	Yes 🗆 No 🗆	Complete record □ or Specified Dates □ From:// To://				
I would like access to my immunisation history	Yes 🗆 No 🗆	Complete record □ or Specified Dates □ From:// To://				

I wish to access my past medical record online, I understand & agree with each statement (please tick)

1.	I will be responsible for the security of the information that I see or download	
2.	If I choose to share my information with anyone else, this is at my own risk	
3.	I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	
4.	If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	

Signature	Date	

For practice use only

Identity verified through	Vouc	ching 🛛	Name of	Date		
(tick all that apply)	Vouching with information in re	verifier				
	Photo ID 🗆					
	Proof of resid	ence 🗆				
Please list ID seen	Passport					
	Driving Licence					
	Bank Statement					
	Other*…please state □					
	*This identity must be from the government approved list of					
	acceptable identity evidence.					
Date request sent to GP						
Level of access authorised	Notes/explanation					
Everything requested by the patient				•		
An alternative agreed le						
, in alternative agreed it						
Date Authorised by GP:						
•						
Added to spreadsheet:						
Data						
Date:						
Name:						

Updated March 2024