

URGENT MEDICAL RECORD REQUEST FORM

If you have an urgent clinical need to access information in a medical record, PCSE can facilitate contact between you and a patient’s previous GP, to ensure the details needed get to the relevant clinician in good time. If you’d like us to facilitate the exchange of information between practices, please complete this form and email it to: PCSE.enquiries@nhs.net putting ‘Urgent record request’ in the email subject line.

Note: please provide one copy of the form for each patient medical record required.

Patient Information:

Patient NHS Number (<i>please do not include spaces</i>)*	
Patient’s Full Name*	
Patient’s Date of Birth*	
Date of Patient Registration*	
Has the patient previously been registered with the NHS?*	(Y/N)

Your Contact Information:

Your Name*	
Practice Name*	
Practice Code*	
Practice Telephone Number*	
NHS.net email* address (For Information Governance reasons, we can only accept and send emails containing patient information from nhs.net email accounts.)	
Practice safe haven fax number	

Patient History Information

Name of previous GP (if known)	
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* *Mandatory fields*

DECLARATION

I confirm that this request is clinically urgent

Name:

Date of request: