



Patient Details (Please use BLOCK CAPITALS)		
Surname		Date of birth
First name		
Address		
Postcode		
Email address - please print carefully		
Telephone number		Mobile number
Signature		Date

Completing the form on behalf of a patient? Please note patient should still sign above unless you are completing as a Medical Power of Attorney (Please show when handing form in unless already registered with surgery) or the child is under the age of 12 (Please use BLOCK CAPITALS)	
Forename	
Surname	
Relationship to Patient	
Signature	
Date	

Please note if requesting proxy access to a child's record.

Once a patient is twelve years of age any access given to a patient's record will cease. To continue to have access there are 4 options.

1. A parent/guardian can request further access with the patient's permission - to do this the patient should sign this form.
2. The patient can request access themselves if they are deemed competent by their GP – the patient will need to request the GP to sign this form.
3. With parent/guardian consent/control if they are not deemed competent or
4. They can wait until they are 16 and apply again.

For practice use only

<i>Identity verified on registration (patients registered after 01/04/2015)</i>		<input type="checkbox"/>
<i>Method</i>	<i>Vouching</i>	<input type="checkbox"/>
	<i>Vouching with information in record</i>	<input type="checkbox"/>
	<i>Photo ID and proof of residence</i>	<input type="checkbox"/>
<i>Identity verified by (initials)</i>		<i>Date</i>
<i>Online access enabled</i>		<i>Date</i>