

**Parkside Medical Parkside Medical Practice**  
**Park View Centre, Chester Road North, Brownhills, Walsall, WS8 7JB**

**Tel 01922 604510    Fax 01922 604512**

**APPLICATION FOR ONLINE ACCESS TO MY MEDICAL RECORD**

**Details of the record to be accessed**

Patient Surname	
Forename(s)	
Date of Birth	
Address	

**Details of the person who wishes to access the record (if different from above)**

Surname	
Forename(s)	
Address	
Telephone No	
Relationship to patient	

**Declaration:** I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the data protection act 1998.

What level of access are you applying for (tick to apply)...

- Core summary care record  
*Gives access the allergies and medication*
- Detailed coded record  
*Includes access to allergies and medication*
- Lab Test Results*
- Documents*
- Consultations*
- Immunisations*
- Problems*

**Please tick whichever statement applies:**

- I am the patient
- I have been asked by the patient and attach the patient's written consent
- I am the parent/guardian of the patient who is under sixteen and...  
(*Delete as appropriate*) have their written consent **or** the patient is too young to understand the request
- I am the carer of the patient who does not have the mental capacity to authorise consent.

YOUR SIGNATURE: .....DATE: .....