

Manor House Surgery  
Consent Form for Collection of Copies of Medical Records

Please tick the appropriate options	
It is my own (copy) medical records I am collecting (complete part A *)	
I am the patients representative and I am collecting a copy of their medical records (complete part B*)	

**Part A Patient**

\*I am collecting a copy of my medical records

(print Name).....

\*Sign .....\*Date.....

Member of staff who verified ID and handed copies to Patient  
 Identification shown (please state what ID).....

Print and sign name.....,

Date.....

**PART B REPRESENTATIVE**

I am collecting a copy of my medical records on behalf of:

\*Patient Name (Print).....

\*Representative name: (Print).....

\*Relationship to patient: .....

\*Representative Sign .....Date.....

**Consent to collect form seen**

Identification shown (please state what ID).....

Member of staff who verified ID and handed copies to Patient

Print and sign name.....,

Date.....