

Dear GP Surgery,

NAME	Your full name
DATE OF BIRTH	Date of birth
HOME ADDRESS	The address your GP surgery has for you
TELEPHONE	Preferably mobile

I am about to have a medical examination with another doctor who needs a copy of my medical records.

*(tick one)*

<input type="checkbox"/>	I am applying to Cambridge City Council or South Cambs District Council, who will accept a summary, provided that it includes:  Past medical history  Current medical problems list  Current medication  Last 3 blood pressure readings
<input type="checkbox"/>	I am applying to different authority.  Please send me a copy of ALL of my NHS GP records.

I understand that under GDPR you will provide these free of charge. Thank you.

I need to submit it on \_\_\_\_\_ *(date 1 week before the appointment)*

Please let me know when it will be ready.

Yours sincerely,

Signed \_\_\_\_\_ Date \_\_\_\_\_