GP Full Medical Summary Access Request Letter

Patient Details:
Full name: _____
DoB: __/__/____
Full Address: _____
Email: _____

GP Details:
GP Surgery Name: _____
Full Address: _____

Subject: Request for Full Medical Summary

Dear GP Practice,

I have an upcoming driver medical examination, and have been advised to bring an up-to-date summary of my full medical information to my appointment.

Please could you provide me with a copy of my full medical summary, including where available:

- Current and significant past medical conditions
- Current and repeat medication
- Allergies and adverse reactions
- Relevant significant medical history

I am happy to receive this information in whichever way is most convenient for the practice, for example as a printed copy or through my available NHS online services (NHS App).

Please let me know if you require identification or any further information from me before releasing the information.

Kind regards

Name: _____

Signature: _____

Date: _____