

**REQUEST FOR A MEDICAL REPORT FROM YOUR GP**

Kingsmead Healthcare, 4 Kingsmead Way London E9 5QG  
Tel: 020 8985 1930 F: 020 8533 3951 Email: [CAHCCG.Kingsmead@nhs.net](mailto:CAHCCG.Kingsmead@nhs.net)

*Please fill in ALL Details:*

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please indicate the reason(s) for your request? \_\_\_\_\_

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*continue overleaf if necessary*

Are you taking any OTC medicine? Please \_\_\_\_\_

Name & Address of the Recipient IN FULL \_\_\_\_\_

\_\_\_\_\_

Please indicate [CIRCLE your choice] if you would like us to (1) post the report (2) pick it up in person.

Your signature below indicates your FULL agreement and informed consent to releasing all relevant information held on your records to the Recipient.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Provision of medical reports are not part of the free NHS service you receive from your GP.**  
**Reception staff will advise you on the cost of preparing the medical report.**  
**Please ensure you have left a contact number with us. Payment must be made in advance.**  
**If there are any questions, the GP will contact you accordingly.**  
**THANK YOU FOR YOUR HELP**