



Department of Social Security
HM Government of Gibraltar

Claim No.
Stamp and date of receipt

Consent Form for Release of Medical Records

I (state name of person giving consent)

of (state address)

Date of Birth

/ /

hereby authorise the Department of Social Security to request a copy of my medical records held by the Gibraltar Health Authority in connection with my claim to disablement benefit:

Signature (of person giving consent)

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Date

/ /

For Office Use Only

The Department of Social Security is requesting the following records:

Hospital	
A & E Card	
Primary Care Centre	
X-Ray	
Physiotherapy	
Psychiatric	