

## Northern Ireland Ambulance Service

### Patient Documentation Request Form

#### PRIVATE & CONFIDENTIAL

**Request Type:**

 Police Statement 

 CPD Detail 

 DPA Request 

 Court Appearance 

 Complaint 

 Solicitor Info 

Other

 Untoward Incident 

 FOI Request 

 Other (state) 


Requested By:

Date of Request:

 /  / 

Station/Office/Dept:

Pin No:

**Incident Details:**
*Please provide as much detail as you can regarding incident*

Incident Number:

Time Mobile:

 : 

Incident Date:

 /  / 

Base:

Callsign:

Driver Pin:

Attendant Pin:

**Patient Details:**

First Name:

Surname:

I (**State name**) \_\_\_\_\_ have requested a Patient Report Form for the above incident. I agree to keep this PRF until no longer required and suitably destroy/delete when I no longer need. I agree to adhere to all the terms of the 1998 Data Protection Act and accept full responsibility for this PRF in my possession.

Signature of Requester:

Approved by Line Manager (signed):

Approved

 Yes

 No

 Deferred

Office Use Only:

**Notes:**

 Fax  

 Email  

 Int mail  

 Reg Post  

 Refuse  

PLEASE SUBMIT THIS FORM TO CLINICAL AUDIT