

Request Form for Change of Gender in NHS Records

According to the Equality Act from 2010, you are allowed to change your name and your gender in your UK medical records, without having gone through the legal procedure of applying for a Gender Recognition Certificate. In order to change your gender it is not necessary for you to transition physically, as long as you identify as the gender that you wish to change to.

Section 1

Please state the information that we *currently* have for you in the system:

First name:

Middle name/s:

Last name:

Date of birth:

Sex assigned at birth (this is the sex that is written on your birth certificate):

Section 2

In this section you will write the information that you would like your previous information *amended to*. Please fill in all the fields, even the details that you are happy to leave as they are:

First name:

Middle name/s:

Last name:

Title (example: Mr; Mrs; Ms; Miss; Mx; Doctor):

Pronouns (example: He/Him; She/Her; They/Them):

Every patient in NHS Scotland has a unique number which is used as an identifier - the Community Health Index number (CHI number). Changing your gender in the system would mean that your CHI number will be changed to reflect your gender.

Would you like to change your gender in the system? Currently, our system only allows you to choose from two genders: male and female. In the future, a third option might be possible. For now, please circle which gender you would prefer to be known as:

Male

Female

Although we can only officially code your gender as either male or female you are welcome to state your gender identity (*example: non binary, agender, genderqueer, genderfluid, other, male, female*) so that it can be written as a note into your records. **Please write your gender identity here:**

This section will be sent to Practitioner Services. Please fill this out also:

Current name:	New name:
Date of birth:	Preferred gender: Male Female
Would you like a new NHS number? Please circle your choice: Yes No	Preferred title:
	Would you like CHI number to be changed? Please circle your choice: Yes No

I hereby confirm that I would like the above details changed in my NHS records.

Signature:

Date:

FOR PRACTICE USE ONLY PRACTICE CODE: