|  |  |  |  |
| --- | --- | --- | --- |
| **Patients Name & Address:** | **D.O.B:** | **Doctors Surgery:** | **Surgery Phone/Fax Number:** |

AUTHORITY TO OBTAIN MEDICAL RECORDS

**The above-named patient wishes to attend this practice. Would you kindly forward copies of any relevant medical history as soon as possible. Please find below an authority permitting us to request the records concerned.** *(please tick & circle appropriate document type)*

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 Full Health Summary | 🞏 Medical Summary | 🞏 Immunisation Summary | 🞏 Medication Summary |
|  |  |  |  |
| 🞏 Care Plan/Review | 🞏 Team Care Arrangement | 🞏 GP Management Plan | 🞏 715 Health Assessment |
|  |  |  |  |
| 🞏 Pathology Results | 🞏 X-ray, Ultrasound, CT Scan, MRI | 🞏 Discharge Summary |  |
| 🞏 Other (*please specify) ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | |

Kind Regards

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 🞏 Dr Virjanand  Panday  (2294357T) | 🞏 Dr Alex McLaren  (4912595X) | 🞏 Dr Gorata Rampete  (451914LB) | 🞏 Dr Therese Sheedy  (236188FY) | 🞏 Dr Ljiljana  Banic  (4548171J) | 🞏 Dr Joanna Chu  (5537303J) |  |

**I hereby give person for the Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd to obtain my medical records from your clinic.**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Aboriginal & Torres Strait Islander Community Health Service Mackay Ltd ● 31-33 Victoria St. Mackay QLD 4740 Phone: (07) 4957 9400 ●

Clinic Fax: (07) 4953 1626 ● ABN: 81 625 886 73

[**www.atsichs.org.au**](http://www.atsichs.org.au/)