

# 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

<b><u>Patients Name &amp; Address:</u></b>	<b><u>D.O.B:</u></b>	<b><u>Doctors Surgery:</u></b>	<b><u>Surgery Phone/Fax Number:</u></b>

possible. Please find below an authority permitting us to request the records concerned. *(please tick & circle appropriate document type)*

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Full Health Summary                 | <input type="checkbox"/> Medical Summary                 | <input type="checkbox"/> Immunisation Summary | <input type="checkbox"/> Medication Summary    |
| <input type="checkbox"/> Care Plan/Review                    | <input type="checkbox"/> Team Care Arrangement           | <input type="checkbox"/> GP Management Plan   | <input type="checkbox"/> 715 Health Assessment |
| <input type="checkbox"/> Pathology Results                   | <input type="checkbox"/> X-ray, Ultrasound, CT Scan, MRI | <input type="checkbox"/> Discharge Summary    |  |
| <input type="checkbox"/> Other <i>(please specify)</i> _____ |  |   |  |

Kind Regards

- |   |   |   |   |   |  |
|---|---|---|---|---|--|
| <input type="checkbox"/> Dr Virjanand<br>Panday<br>(2294357T) | <input type="checkbox"/> Dr Alex<br>McLaren<br>(4912595X) | <input type="checkbox"/> Dr Sanjida<br>Akhter<br>(5106683K) | <input type="checkbox"/> Dr Therese<br>Sheedy<br>(236188FY) | <input type="checkbox"/> Dr Ljiljana<br>Banic<br>(4548171J) | <input type="checkbox"/> Dr Turin<br>Srity<br>(5311534W) |
|---|---|---|---|---|--|

**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:** \_\_\_\_\_