



North Geelong Medical Clinic

Patient Medical History Request

North Geelong Medical Clinic
75 Separation Street
North Geelong Vic 3215
Ph.: (03) 5234 4828 Fax: (03) 5234 4827

To: Dr:
Practice:
Address:
Phone: Fax:

Patient Full Name	Current Address	DOB
Dependents (under 18 years of age)		

Current phone number:

Former address (if applicable):

The above mentioned now attends this practice. To assist in their future medical management would you kindly forward the following:

Their clinical records - in **XML** format for Best Practice *OR if this is not possible:*

- An accurate health summary, with relevant correspondence and recent investigations
- Details of any CDM, Mental Health items claimed within the last 12 months.

PLEASE DO NOT SEND ORIGINAL DOCUMENTS

Patient's Signed Authority

I (Patient's full name)

Authorise the release of my/my family's medical records to North Geelong Medical Clinic

Signed:

Date:/...../.....