



Your Health Griffith - 105 Binya Street Griffith NSW 2680
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REQUEST FOR MEDICAL RECORDS

Date: _____

Previous Medical Centre: _____

Medical Centre Phone No: _____ Fax No: _____

Requesting GP: _____

The patient listed below now attends this practice. To assist in their future medical management, would you kindly forward:

- An accurate health summary with relevant correspondence and results.
- Details of any management plans or care plans from the past 2 years.

Also:

- Please do not send original documents.
- Please send in MD3 XML format if possible.
- Please contact the patient if there is a charge to release their records.

Patient's Full Name: (print) _____

Address: _____

Phone: _____

Date of Birth: _____

Do you require other family members records: (please circle) YES / NO

If yes, please list their full name and date of birth: (Patients over 16 must also sign)

Patient's Signed Authority:

I (print full name) _____

Authorise the release of my/my families' medical records to be forwarded to:

YOUR HEALTH GRIFFITH

Signed: _____ Date: _____