HILLS MEDICAL SERVICE PTY LTD

PO Box 36 Aldgate SA 5154 15 Fenchurch Road Aldgate SA 5154 Ph: (08) 8339 2644 Fax: (08) 8339 6797	ABN 55 165 236 038	Dr P L Johns Dr J A Allan Dr A D Sykes Prof N Stocks Dr M L Overton Dr M A Morgan Dr S E Taylor Dr NA Morgan

We are now able to send and receive correspondence via ARGUS

TRANSFER OF MEDICAL RECORDS REQUEST

Patient Name: _____ DOB: _____/_____/_____

Address: _____

I REQUEST THAT A COPY OF MEDICAL HISTORY OR A SUMMARY BE FORWARDED TO:

Dr _____ at the Hills Medical Service.

Name of Clinic recently attended: _____

Address: _____

Phone: _____ Fax: _____

Could you please include other family members as listed below:

_____DOB_____/_____/_____

_____DOB_____/_____/_____

_____DOB_____/_____/_____

Could you please record the dates of the last assessment or review you may have completed for this patient.

GPMP:	Date:
TCA:	Date:
Diabetes/asthma SIP:	Date:
GP Mental Health Plan:	Date:
Medication Review:	Date:
Other Health Check: (>75, 45-59 etc)	Date:
CMA:	Date:

I hereby authorise the release of my medical history to Hills Medical Service.

Signature of person requesting: _____Date:_____