A: 194 Durlacher St, Geraldton WA 6530
A: PO Box 7218, Geraldton WA 6530
E: admin@cityhealthgeraldton.com.au
P: 08 9921 4433 F: 08 9965 5380
ABN: 65 515 953 825

Request for Medical Records

The mentioned now attends this practice. To assist in their future medical management would you kindly forward any clinical records or accurate health summary.

DATE OF BIRTH	FIRST NAME	SURNAME

Place where records are held

PRACTICE	DOCTOR	CONTACT

Please provide any details of any care plans completed for this patient.

Team Care Assessment	Item Number:	Date:
GP Management Plan / ATSI	Item Number:	Date:
Health Assessment	Item Number:	Date:
Mental Health Care Plan	Item Number:	Date:
Diabetes Cycle of Care	Item Number:	Date:

Please forward records via email in XML format if from Medical Director or in PDF format for other software

or alternatively via fax

E: admin@cityhealthgeraldton.com.au

F: 08 99655380

Patient sign: _____

(If under 18 years Guardian please sign

Date: _____

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