

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.

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:	forward any clinica	al records or	accura	ate health summary.				
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