

REQUEST FOR MEDICAL RECORDS

HEALTHHUB TAREE

ABN: 27 634 259 948

15 Butterworth Lane TAREE NSW 2430

Ph: (02) 6552 5533

Fax: (02) 6552 4249

Email: office@healthhubtaree.com.au

HEALTHHUB HARRINGTON

Shop 4, 1-5 Caledonia St,

HARRINGTON NSW 2427

Ph: (02) 6556 1855

Fax: (02) 6556 0460

Email: office@healthhubharrington.com.au

Date:

Dr:

Address:

Ph:

Fax:

Email:

Dear Doctor,

NAME: _____ **DOB:** _____

NAME: _____ **DOB:** _____

ADDRESS: _____

This/these patient/s is/are now attending this practice and has requested that you kindly send their medical records to the above address.

Could you please advise us of the dates of any Assessments/Care Plans and/or reviews of Assessments/Care Plans that may have been completed whilst patient was under your care.

GPCCMP	Date:	Healthy Kids Check	Date:
GPCCMP Review	Date:	Asthma Action Plan	Date:
GP Mental Health Plan	Date:	Medication Review	Date:
45-49 year Health check	Date:	CMA	Date:
>75 Health Assessment	Date:		

IF SENDING RECORDS ON CD COULD YOU MAKE SURE THAT IT IS IN XML FORMAT.

Thanking you.

Yours faithfully,

For: **Dr:** _____
HealthHub Taree & Harrington

Please forward my files as requested:

Patient Signature: _____