Mansfield
MEDICAL CLINIC

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POSTAL ADDRESS PO Box 138, Mansfield, Vic 3724

Family and general medical practitioners teaching general practice

Patient File Request Form

DATE __ __ / __ __ / __ __

PREVIOUS DOCTOR _____

PREVIOUS CLINIC _____

ADDRESS _____

PHONE _____ FAX _____

Dear Doctor,

The patient/s listed below has elected to attend this surgery for ongoing medical care. Would you please forward the following:

Electronic Records in XML format is preferred – BEST PRACTICE

- Medical History Summary
- Date of last Health Assessment
- Date of GP Management Plan
- Date of Team Care Arrangement
- 45-49yr old Health check
- GP Mental Health Care Plan
- Immunisation History and Specialist letters

PATIENT NAME _____ D.O.B. __ __ / __ __ / __ __

Yours Sincerely,

SIGNATURE _____

Authority to release medical information

I/we hereby authorise the release of medical records to Mansfield Medical Clinic.

SIGNATURE _____

PATIENT/CARER _____ DATE __ __ / __ __ / __ __