

Boroondara Health & Wellness Centre

738 Glenferrie Road, Hawthorn VIC 3122

Phone 9819 4044 Facsimile 9819 4244

Dr Manpreet Heer Dr Luke Tomya Dr Upkar Sara Dr Sue-Lyn Chan
Dr Julian Dart Dr Caroline Nguyen Dr Belinda Drew Dr Stephanie Demkiw
Dr Zoltan Vilagosh

PREVIOUS CLINIC DETAILS

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____ Clinic Fax: _____

PATIENT(S) DETAILS

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Patient(s) Address: _____

The above-named patient(s) is/are attending this surgery and has request that you please provide the following:

- | | |
|--|--|
| <input type="checkbox"/> Full Medical Record | Billing dates for the following (<i>if applicable</i>) |
| <input type="checkbox"/> Medical History Summary | Care Plans (721, 723, 732) |
| <input type="checkbox"/> Relevant Investigation Reports | Health Assessments (701, 703, 705) |
| <input type="checkbox"/> Third Party Correspondence | GP Mental Healthcare Plan (2712, 2715, 2717) |
| <input type="checkbox"/> Other (<i>please specify</i>) _____ | Eating Disorder Plan (90252, 90253) |

We use Best Practice software and would appreciate a disk in .xml format or via email attachment to admin@healthandwellness.net.au

I, _____ hereby authorize the Doctors at the above-named surgery to access my previous records.

Signed: _____ Date: _____