

Boroondara Health & Wellness Centre

738 Glenferrie Road, Hawthorn VIC 3122

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Dr Carmel O'Toole 047095EH	Dr Manpreet Heer 272179BH	Dr Luke Tomy 253214KH	Dr Zoltan Vilagosh 030063GK	Dr Vivienne Beckett 024782GF
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PREVIOUS CLINIC DETAILS

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____ Clinic Fax: _____

PATIENT(S) DETAILS

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Include maiden name if applicable.

Patient(s) Address: _____

The above-named patient(s) is/are attending this surgery.

A summary of the medical record about the patient/s, including relevant Specialist correspondence, copies of tests and care plans (MHCP & CDMP). We use Best Practice and would appreciate a disk in an XML Format.

Please find hereunder the patient's signed authority to release this information

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

Signed: _____ Date: _____