

Boroondara Health & Wellness Centre

738 Glenferrie Road, Hawthorn VIC 3122

Phone 9819 4044 Facsimile 9819 4244

Dr Manpreet Heer 272179BH	Dr Luke Tomy 253214KH	Dr Zoltan Vilagosh 030063GK	Dr Upkar Sara 4202145Y	Dr Sue-Lyn Chan 296504FL	Dr Julian Dart 27279FA	Dr Simone McCallum 248981WB	Dr Rupali Kashyap 2781109Y
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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: _____

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

We use Best Practice and would appreciate a disk in .xml format.

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

Signed: _____ Date: _____