



JUNEE MEDICAL CENTRE

98 BROADWAY STREET



02 6924 3022



jmdc4@bigpond.com



02 6924 3058

REQUEST FOR MEDICAL INFORMATION

DATE: _____

REQUEST TO (CLINIC/DOCTOR): _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

We wish to advise that the patient(s) listed below are now attending our Medical Centre. To ensure continuity of care, it is requested that their medical records be transferred to this Centre by Registered Mail. **We would prefer to receive files in XML format.**

We understand that a fee may apply and request that the patient be advised of any fees relating to the copy and transfer of their medical records. We would also appreciate the EPC history of the patient as listed below:

EPC Item	Completed Yes/ No	Date Completed
GPMP Created (Item 721)		
TCA Created (Item 723)		
Health Assessment (Items 701, 703, 705, 707)		
ATSI Health Assessment (Item 715)		
Health Heart Assessment (Item 699)		
Home Medicines Review (Item 900)		
Mental Health Plan (Item 2710/ 2702)		

PATIENT NAME: _____

DOB: _____

ADDRESS: _____

PHONE NUMBER: _____ SIGNATURE: _____

Please also include the records for the following family members:

Name: _____ DOB: _____ Signature: _____

Name: _____ DOB: _____ Signature: _____

Name: _____ DOB: _____ Signature: _____

Name: _____ DOB: _____ Signature: _____

Kind regards,
Junee Medical Centre