Request for copy of patient medical records

1300 223 700 | admin@acdrs.com.au | ABN 43 675 977 483

Please complete in BLACK BLOCK capitals or type.

In order to ensure seamless care, Aged Care Doctor Services requires previous medical history of all new patients.

Patient Information

Full Name:

Date of Birth: /   /   Email:

Address:

Aged Care Facility Name and Suburb:

Patient (or Legal Guardian) declaration

I, _____ request that a copy of the Medical Records / Clinical notes or a Summary of Medical history of above mentioned patient be provided to the Doctor / Person whose details I have indicated below.

The specific Medical Records / Clinical Notes I require include and not limited to past medical history, current medications, allergies, recent hospital discharge letters, recent blood tests/imaging, recent correspondence from any specialist and vaccination history.

Records transferred from

Name of Doctor   Name of Practice

Address

Phone Number

Records transferred to

Aged Care Doctors Service

Melbourne Address   Suite 302, 101 Overton Rd, Williams Landing VIC 3027

Phone Number   1300 223 700   Email   admin@acdrs.com.au

Authorisation

Signature of Person / Patient requesting   Date: /   /

Name of Person/Patient requesting the transfer

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