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## REQUEST FOR PATIENT'S MEDICAL HISTORY

Previous Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

The patient below is now attending Kew General Practice. To ensure this patient receives continuity of care, we would appreciate a **copy of the whole medical file, including copies of relevant specialist letters, pathology results and x-ray imaging** which you feel would help in their ongoing care.

If your Practice uses:

**Medical Director**, please send the data on a disc in **XML format**.

**Best Practice or any other software**, please send the data on a disc in **PDF format**.

Or alternatively, as a hard copy.

### PATIENT AUTHORITY

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

I hereby authorise that my/my family's medical history be released to Kew General Practice at the address below. I understand a fee may be levied for providing a copy of my medical records.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE NOTE: Family members 16 years of age and over need to fill out their own form.**