# PATIENT HEALTH INFORMATION REQUEST

Please complete this form if you would like a copy of your health records sent to Horizon Family Doctors from a previous health professional or organisation you have attended.

| PATIENT'S DETAILS | | | |
|---|---|---|---|
| **Given Name:** | | **Surname:** | |
| **D.O.B:** | | **Phone No:** | |
| **Street Number & Name** | | | |
| **Suburb:** | | **Postcode:** | |
| **DETAILS OF YOUR CHILDREN AGED UNDER 18 YEARS (if their records are also being requested)** | | | |
| **Full Name:** | | **D.O.B:** | |
| **Full Name:** | | **D.O.B:** | |
| **Full Name:** | | **D.O.B:** | |
| **DETAILS OF THE PREVIOUS HEALTH PROFESSIONAL/ ORGANISATION** | | | |
| **Organisation Name:** | | | |
| **Health Professional Name:** | | | |
| **Phone Number:** | | | |
| **PATIENT AUTHORITY:** Please Forward copies of all relevant medical records relating to me (and/ or my children) to Horizon Family Doctors for my/our future medical care | | | |
| Print **Name of the Person completing this form** (Please Note, you can not sign for your spouse or adult children) | | | |
| **Signature:** | | **Date:** | |

**Please send a copy of the following documents:**

| | | |
|---|---|---|
| ☐ Patient Health Summary | ☐ Specialist Reports | ☐ Relevant Investigations and Treatments |
| ☐ Immunisations | ☐ Mental Health Care Plans | ☐ Other: _____ |
| ☐ Discharge Summaries | ☐ Chronic Disease Care Plans | ☐ Full Record (incl all of the above) |

**Requesting Doctor**: Dr Raman Bohra **|** Dr Rekha Bohra **|** Dr Behnood Shahi **|** Dr Henry Nwogwugwu **|** | Dr Juliana Crispin | Zitendra Das

Please note: We use Best Practice and would prefer to receive secure messages via **Medical-Objects**.

If this is not possible, we would appreciate a **Patient Health Summary sent by fax ASAP** (or the full record can be sent by fax), and the other records sent by other means in due course (eg. a CD-ROM in PDF format, or a printed copy).

If you require a fee to be paid for this request, please let us know that you have requested this from the patient and send any documents you are willing to provide for free by fax ASAP. This should include a **Patient Health Summary at a minimum** to ensure ongoing care of the patient can be provided. Please contact us with any queries. Thank you for your prompt co-operation.

**Horizon Family Doctors**
Shop 3, 120 Woogaroo Street, Forest Lake QLD 4078.
**Phone**: 3279 9333 **|** **Fax**: 3319 0978 **|** **Email**: reception@horizonfamilydoctors.com.au