

## Request for personal health information

### 1(a) Patient Details

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

### 1(b) Applicant Details

Name (if not the patient) \_\_\_\_\_

Relationship to patient \_\_\_\_\_

### 2. Health Information Requested

- Pathology Results
- X-Ray Results
- Other Test Results. Please specify \_\_\_\_\_
- A Summary of My Health Record
- Health Record – detailed
- Current medications
- Correspondence on file
- Other. Please give details \_\_\_\_\_

### 3. How would you like to receive the information requested?

- View, inspect and discuss contents with my doctor. I will make an appointment at reception.
- Obtain a copy - collect
- Obtain a copy - send via registered mail

*Note: Privacy requirements allow the doctor in certain circumstances to restrict the release of medical records.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_