



NARROMINE SHIRE FAMILY HEALTH CENTRE

127 DANDALOO STREET

NARROMINE NSW 2821 AUSTRALIA

Phone : 02 6889 1622

Fax: 02 6889 4185

Argus: narrominemedicalargusreports@westnet.com.au

Health link: NARROMSF

DATE:.....

TO:.....

.....

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Dear Doctor,

I am requesting that a copy of my Medical history be forwarded to the above surgery.

Name: _____ DOB: _____

Previous Address _____

Current Address _____

Could you also include other family members as listed below.

(Please note if over 16 years they will need separate signed forms)

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

We would be grateful if you could forward a health summary or patient medical history, including relevant specialist reports, investigations, treatments, and any health assessments/plans to our practice.

If your practice charges a fee for transferring these records, please notify the patient directly.

We accept records ON A DISC in XML Format (preferred)

Signed _____