



AUTHORITY TO RELEASE MEDICAL INFORMATION

Dear _____

Date: ___/___/_____

The named patient(s) below have indicated that they wish to attend Carn-Brae Clinic on an ongoing basis. Please forward a copy of their medical records (or a complete and accurate health summary) and any other relevant clinical information/correspondence (full paper records are NOT required) to assist in the continued management of their healthcare.

- Complete Record** **Health Summary**

As we use Medical Director, electronic records can be sent in **.xml** (only from MD3) or **.pdf** formats.

PATIENT DETAILS			
NAME		DOB	/ /
ADDRESS			
SIGNATURE			

ADDITIONAL FAMILY MEMBERS		
NAME	DATE OF BIRTH	SIGNATURE
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Please include the following items (if applicable):

- Immunisation History
- Copy of last 45-49/75+ Health Assessment (**705**)
- Copy of last GP Management Plan (**721/732**)
- Copy of last Team Care Arrangements (**723/732**)
- Copy of last GP Mental Health Care Plan (**2715/2712**)

Date last billed: ___/___/_____

Date last billed: ___/___/_____

Date last billed: ___/___/_____

Date last billed: ___/___/_____

REQUESTING GP

- Dr Ahmed Alwan Dr Frank Marton Dr Shirani Kodituwakkuarachchi
- Dr Dileepa Jayaweera Dr Chamika Gamage