GENERAL PRACTICE PLUS™ | OWNED AND OPERATED BY TASMANIAN DOCTORS

PATIENT REQUEST FOR MEDICAL INFORMATION

PATIENT INFORMATION

Full Name……

Date of birth……/……/……

Address……

……Postcode……..

Parent/Guardian details (if patient is under 16 years of age):

Full Name……

Date of birth……/……/……

Address……

……Postcode……..

REQUEST TYPE

Health Summary:

- ☐ Current Medications
- ☐ Allergies/Adverse reactions
- ☐ Past History

Immunisations (including evidence of flu vaccine):

- ☐ Immunisations

Other:……

……

……

Signed…… **date**……/……/……

Please complete and return this form to the appropriate clinic:

GREGORY ST
18 Gregory St
Sandy Bay 7005
Fax 62 001166
gregoryst@generalpracticeplus.com.au

CASCADE RD
30a Cascade Rd
South Hobart 7004
Fax 62242393
cascade@generalpracticeplus.com.au

STOKE ST
3 Stoke St
New Town 7008
Fax 62287843
stoke@generalpracticeplus.com.au

ARGYLE ST
34 Argyle St
Hobart 7000
Fax 62001931
argyle@generalpracticeplus.com.au

KINGSTON PLAZA
12A/20 Channel Hway
Kingston 7050
Fax 62271139
kingston@generalpracticeplus.com.au

MOUNTAIN RETREAT
430 Macquarie St
South Hobart 7004
Fax 62235099
mountainretreat@generalpracticeplus.com.au

FOR OFFICE USE ONLY – to be completed upon collection

- ☐ Patient identification sighted
- ☐ 3-point identity check completed
- ☐ GP stamped and signed

Receptionist name…….

Site: CRMC/GSMC/MRMC/ASMC/SSMC/KPMC

GP Authorisation: