



# PATIENT RELEASE OF NOTES

Dr Cathryn Archinal 628339B      Dr Jenny Asquith 063686JA      Dr Neil Shepherd 4971863T  
Dr Fiona Conlon 4659874Y      Dr Simone Foley 2448335F      Dr Kelly McLean 4651651A

To Dr:  
Address:  
Phone:  
Fax:

Dear Doctor,

This patient has recently moved to the area and is now attending this surgery. We would be grateful if you could forward any relevant medical history which may help with the ongoing care of this patient.

I hereby request and authorise the release of my medical records:

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please advise the following (office use only):**

Item	Done	Date last billed
GPMP (item 721)	Yes / No	
GPMP Review (item 732)	Yes / No	
GPMP TCA (item 721, 723)	Yes / No	
CMA (703, 705, 707)	Yes / No	
Health Assessment (item 701-715)	Yes / No	
HMR (900, 903)	Yes / No	
Health Plan (item 2710)	Yes / No	
Mental Health Review (item 2712)	Yes / No	

Please do not send original documents if possible.

Please send documents via a disc in XML format as we are a paperless surgery.

Thank you - *Shell Cove Family Health*



[www.scfh.org.au](http://www.scfh.org.au)

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