

Request for Personal Health Information

Date: _____

Patient details:

Patient Surname: _____
Patient First Name: _____
Date of Birth: _____
Address: _____
Suburb/Postcode: _____
Mobile Number: _____

Health Information Requested:

- A Summary of My Health Record (no charge)

Please tick preference

- Emailed

- Pick up By: _____

- Full Medical Record

Please Tick preference

- USB \$20 Collected from McKinley Medical Centre

- USB \$30 registered mail – Posted/ Email to address listed below

Name: _____
Address: _____
Suburb: _____
Postcode: _____
Contact No: _____
Email Address: _____

Patient Authority: _____
(signature)

Or Parent/Guardian: _____
(signature) If required