



PERSONAL HEALTH INFORMATION RELEASE FROM GPC

(HI1 Form)

(This form is not to be used for new patients requesting files to be transferred from their old GP – please use the HI2 Form)

1. Person Requesting Health Information

Surname Given Name(s)

Address

Date of Birth/...../..... Age

2. Health Information requested from my Personal File

A summary of my Health Record:

Other information (please specify):

Signature of Applicant: Date:/...../.....

3. Health Information requested from a Relatives File

For patients 15 years and over, a consent signature is required.

Patient Name: Date of Birth:/...../.....

Relationship: Consent Signature:

Patient Name: DOB/...../.....

Relationship: Consent Signature:

4. How would you like to receive this information

View, inspect and talk through contents with my doctor. I will make an appointment at reception.

Release for my own personal record. I will pick these up from reception when advised.

Release to a Third Party (eg. Insurance Company / WorkCover. To be mailed to:

Company:

Address:

Suburb: State: Postcode:

Signature of Applicant Date Requested/...../.....

5. OFFICE USE ONLY *Photo ID must show patient's photo & signature*

Personal Photo ID Sighted: Licence No#: Passport No#:

Credit Card (type) Other: