

on letterhead

**Patient Details**

<b>First Name</b>	_____
<b>Surname</b>	_____
<b>Alias/ Maiden Name</b>	_____
<b>DOB</b>	_____
<b>UR (if known)</b>	_____

<b>All records</b>	Caloundra Fax: (07) 5436 8766 Ph:(07) 5436 8503
	Gympie Fax: (07) 5489 8410 Ph:(07) 5489 8629
	Maleny Fax: (07) 5420 5001 Ph:(07) 5420 5000
	Nambour: Fax: (07) 5470 5425 Ph:(07) 5470 6389
<b>Pathology only</b>	Nambour, Caloundra and Maleny (not Gympie): Fax: 5470 6944 Phone: (07) 5470 6740 or 5470 6165 or 5470 6118
	<b>Imaging only</b>
	Nambour only: fax (07) 5470 6170 phone: (07) 5470 6719
	Caloundra Fax: 5436 8514 Phone: 5436 8625

<b>Please send request if possible by:</b>	
<b>Date:</b>	/    /
<b>Urgent##</b>	YES / NO (please circle)
<b>If so, WHY?</b>	

<b>Name of GP (requesting)</b>	
<b>Fax to:</b>	

## in a medical emergency ring immediately

(please tick)	Information Requested	Dates/Details of Request
<input type="checkbox"/>	Discharge Summaries	
<input type="checkbox"/>	Procedures	
<input type="checkbox"/>	Investigations (xray/pathology)	
<input type="checkbox"/>	Correspondence/Reports	
<input type="checkbox"/>	Admission/episode	
<input type="checkbox"/>	Other information	

(please tick)	Location/s of records
<input type="checkbox"/>	Caloundra Hospital
<input type="checkbox"/>	Gympie Hospital
<input type="checkbox"/>	Nambour Hospital
<input type="checkbox"/>	Maleny Hospital

(please tick)	Reason Requested
<input type="checkbox"/>	ongoing care (no fee)
<input type="checkbox"/>	other (please state)_____

**Consent to Release Information (or attach consent form)**

I consent to copies of the relevant part of my health record to be released by Queensland Health Sunshine Coast Health Service District as per the above request.	
Patient signature: _____	Relationship to Patient _____ Date: _____
GP signature or person submitting request on behalf of GP: _____ Date: _____	

**\*Release of information is generally prohibited under the Health Services Act 1991. However, section 62E of the Health Services Act 1991 provides that administrative officers working in these departments are able to release patient information if the patient provides consent.**