

Barefoot Medicine Whitsundays

Unit 6/1 Carlo Drive Cannonvale, QLD 4802

Phone: 1300 086 857 Fax: 07 4829 4177

info@barefootmed.com.au



Name of previous Dr: _____

Name of previous clinic: _____

Ph: _____ Fax: _____ Email: _____

The following patient(s) now attend our Medical centre and request an up to date patient health summary including all other relevant information from your records for the below mentioned patient(s).

Patient Name: _____

DOB: _____

Address: _____

Additional minor patients *(under the age of 18)*

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Signature of patient and/or parent guardian: _____

If multiple patients, relationship to minor patients: _____

Date: _____

Dr Andrew Siegmund 057309NT

Dr El Carey 412091JJ

Dr Nelson Suggang

Dr Hasan Helou 445882HL

N.P. Brett Johnson 4998304L

Records can be sent via fax, email, electronically through Medical Objects or as we use Best Practice, XML files can be emailed to info@barefootmed.com.au