Newtown Medical

309-311 Pakington Street
Newtown 3220
P: (03) 5221 5044

Release Form for Medical History

Previous Doctor	
Surgery Name	
Surgery Address	

If you use Best Practice software, we would appreciate information sent electronically in XML format to **reception@newtownmc.com.au** or on a disc in XML or PDF format.
Please do not fax. We would appreciate a Health summary in the meantime

Patient Consent

Name	
Date of Birth	
Address	

Please note: There may be a fee for your records to be transferred to our clinic.
Please get in contact with your previous practice to organise this.

Please find signed authorisation for the patient below:

Signature	
Date	

Admin to complete:

Item:	Date Last Billed
GPMP (Item 965)	
GPMP video (Item 92029)	
GPMP Review (Item 967/ 92030)	
Health Assessment (707)	
MHCP (Item 2700/2701)	
MHCP (Item 2712)	
MHCP (Item 2715/2717)	