

# Mount Compass Medical Centre

Shop 5/30 Main Victor Harbor Rd  
PO Box 352  
Mount Compass SA 5210  
Ph: (08) 8556 8365 or 8556 8775  
Fax: (08) 8556 8096  
Email: reception@mtcompassmedical.com

Dr Phillip Duguid  
025673AF

Dr Judith Hamel  
030310CW  
Dr Ahmet Lokaj  
259472BT

## Request for Previous Medical History NO DISKS PLEASE

Date: \_\_\_\_\_

### Previous Clinic Details:

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### Patient Details:

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Signed: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Signed: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Signed: \_\_\_\_\_

Address: \_\_\_\_\_

### Patient Authority:

I request that a copy of my **Health Summary, specialist letters & any other relevant information** be forwarded to the Mount Compass Surgery. **All patients 16 years of age and over MUST sign.**

The above patient/s is/are now attending this practice and we would appreciate a copy of their health summary & relevant medical history to assist us with their ongoing care. **Please include any EPC History including new and reviews with date of completion.**

		Date		Date
GPMP	721		MHCP	
TCA	723		MHCP rev	
45-49	701			
75+	707			

Kind regards,

Reception