



CAIRNS HEALTH
COLLECTIVE

447 Draper Street, Parramatta Park Qld 4870

Ph: 07 4031 1204 Fax: 07 4031 1207

Email: reception@cairnshealthcollective.com.au

HealthLink EDI: cairnshc

☐ Dr Amanda Roberts 295311CW

☐ Dr

☐ Dr

☐ Dr

☐ Dr

☐ Dr

☐ Dr

☐ Dr

☐ Dr

☐ Dr

☐ Dr

☐ Dr

Patient Name: _____ Date of Birth: _____

Contact details: _____

Signed: _____ Date: _____

Doctor Details: (Name of Doctor/Medical Practice I am requesting records from)

Name: _____

Address: _____

Phone: _____ Fax: _____

Please forward a copy of the requested information to the Cairns Health Collective.

I understand an administration fee may be charged for this service.

If so, can you please contact me directly.

Specific Information Requested:

☐ Complete record

☐ Health Summary

Other: _____

Additional Family Members (If over the age of 18, each person must sign)

Name: _____ Date of Birth: _____ Signed: _____

Name: _____ Date of Birth: _____ Signed: _____

I hereby authorize the two practices named on this form to upload/access **My Health Record** as an option for secure transfer of my medical information. ☐ **YES** ☐ **NO**