BeWorkFit Mackay
160 Boundary Road Ooralea QLD 4740
P 07 4848 1133 F 07 4998 5219 **beworkfitmackay.com.au**

BeWorkFit Mackay

Request for Medical Records

Date: / /

Details of medical practice to transfer records from

Practice name		
Address		
Phone		Fax

Patient details

Date of birth	/ /
Family name	
Given name/s	
Address	

I, the above named patient, consent to the release of my medical records to Dr ,
from BeWorkFit Mackay. I understand these records are necessary to assist with my ongoing treatment.

Patient/ Guardian signature: Date: / /

Requesting information *(Please tick)*

- ☐ Coal Board Medical
- ☐ Pre-Employment Medical
- ☐ HBA1C
- ☐ Spirometry Results
- ☐ Imaging Results
- ☐ Pathology
- ☐ Audiogram Results
- ☐ Specialist Report/s
- ☐ Other (Please list)