



PATIENT INFORMATION REQUEST - ST. VINCENT'S MELBOURNE



ST VINCENT'S HOSPITAL MELBOURNE  
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

# ST. VINCENT'S MELBOURNE

## PATIENT INFORMATION REQUEST

UR No.: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Given Name: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_  
Please fill in if no Patient Label available

**Fitzroy campus**  
Health Information Services  
Ph: 9231 2760 Fax: 9231 2785  
41 Victoria Parade, Fitzroy VIC 3065

**St. George's campus**  
Health Information Services  
Ph: 9816 0440 Fax: 9816 0597  
283 Cotham Road, Kew VIC 3101

Date: / /

### Patient Details:

Surname: ..... Given Name: .....  
Address: .....  
SVH UR No: ..... Microfilm No: ..... Sex:  M  F DOB: .....

### Details of Requestor: *(Please complete details or use Doctor Stamp)*

Name: ..... Email: .....  
Hospital/Practice/Other: .....  
Phone No: ..... Fax No: .....  
Urgency of Request:  Urgent  Next Day  Non-Urgent (Within 5 business days)

### Information Required: *(Please tick & specify dates if known)*

- Discharge Summaries .....
- Outpatient Correspondence .....
- Operation Reports .....
- Investigations .....
- Other .....

### Patient Consent Details: *(Please tick & sign as appropriate)*

I, the above named patient consent to the release of health information (including test results etc) about past and present illness to the Doctor or health care provider making this request. I understand this is necessary for my ongoing treatment.

.....  
Patient Signature

It is impracticable to provide patient consent at this time. I verify that I am treating this patient and the information is required for their ongoing treatment

.....  
Doctor Signature

### Office Use Only:

Staff Receiving Request: ..... Date: ..... Time: .....  
Information Sent By:  Fax  Mail  Secure Message  
Staff Name: ..... Date: .....

SVH endeavours to comply with the Health Records Act 2001 and other relevant legislation when handling health information. The health information enclosed is being provided to your service on the understanding that it is to be used for its primary purpose or for a directly related secondary purpose. Disclosure of this health information to your service imposes on you an obligation to treat this information confidentially and in accordance with legislative requirements of the Health Records Act 2001, Privacy Act and Information Privacy Act 2000.

