



Dunsborough Integrative Health Hub  
PO Box 1375  
Dunsborough 6281

Ph: 0480206520

PLEASE SEND MEDICAL RECORDS IN HARD COPY TO: PO BOX 1375 DUNSBOROUGH

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

To: \_\_\_\_\_

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

The Below Patient is now attending The Dunsborough Integrative Health Hub. Could you please forward a Health Summary, including copies of any specialist reports and investigation results that will assist us in any future health care.

I, \_\_\_\_\_ (D.O.B) \_\_\_\_\_ give permission for all relevant medical information to be released, as requested by Dunsborough Integrative Health Hub.

Patient Signature: \_\_\_\_\_

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

\_\_\_\_\_

ITEM NUMBER	DESCRIPTION
701,703,705,7010	Health Assesment
721	GP Management Plan
723	Team Care Arrangements
732	GP Management Plan Review
2700,2701,2715,2717	Mental Health Plan
2712	Mental Health Plan Review

Kind Regards,  
Dunsborough Integrative Health Hub

