

WHITSUNDAY DOCTORS SERVICE

Dr Paul Squires Dr Sonya Khatiwala
Dr Karin Storm DR Peter Neeskens

257 Shute Harbour Road Airlie Beach

Phone: (07) 4967 7700

Fax: (07) 4967 7713

Date: _____

Previous Doctor: _____

Address: _____

Fax: _____ Phone: _____

Patient Name: _____

Date of Birth: _____

This patient is now attending the Whitsunday Doctors Service and has requested that a copy of their medical history be forwarded to the doctor whose name appears on the bottom of this form. It would be most appreciated if you could forward these records at your earliest convenience.

Whitsunday Doctors Service uses MD3. It would be appreciated if the records could be exported to CD in preference to hard copy.

Please also include the following family members:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Thank you in appreciation of your courtesy and help.

Doctor's Stamp

Doctor's signature: _____

Patients signature: _____ Date: _____