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Dr Stephen Szentel
Dr Debbie Herbst
Dr Anthony Schneeweiss
Dr Eskell Goldberg
Dr Richard Waluk
Dr Ilana Laser
Dr Leon Massage
Dr Tammy Schnall

Date: _____

Previous Doctor/Practice: _____

Address: _____

Phone/Fax Number: _____

Could you please forward the relevant medical records of the patient/patients to Inkerman Medical Group as he/she is now attending this surgery for medical care.

Please also notify us if Patient has previously had any of the following and dates they were done-

Mental Health Plan/or Review	Yes/No	Date _____
Team Care Arrangement (721,723 or 731)	Yes/No	Date _____
Health Assessment	Yes/No	Date _____

Inkerman Medical Group uses MD3.15.2 for its clinical records, where possible an electronic transfer on CD in MD3 format is requested

RE: Name: _____

D.O.B: _____

Address: _____

Patients Signature _____

Yours Sincerely

Per

Doctor/Admin _____