

West Wimmera Health Service



WWHS

Freedom of Information Application Form

Patient:	Surname	
	Given name	
	Date of birth	
Address: (if known)	No & Street	
	Town	
	State	
	UR number	
Applicant:	Surname	
	Given name	
Applicant's address:	No. & Street	
	Town	
	Postcode	
	State	
Phone number:	Home	
	Work	
	Mobile	
Relationship to patient:		
INFORMATION REQUIRED FROM MEDICAL RECORD		
Health service attended:	Nhill	
	Kaniva	
	Jeparit	
	Rainbow	
	Natimuk	
	Rupanyup	
	Goroke	
	Murtoa	
	Minyip	
DOCUMENTS REQUIRED		
Entire medical record:		
Part medical record:	Please specify:	
Other:	Give details:	
TYPE OF ATTENDANCE		
Inpatient:		
Outpatient:		
Casualty:		
Dates of attendance:		

Signature of applicant:

Date: