



harwoodchiropractic
freedom to live

PATIENT INFORMATION RELEASE FORM

NOTE: Form to be completed by parent or legal guardian of a patient if that patient is under the legal age of consent.

I, _____ / ____ / ____ / _____
(PRINT PATIENT'S FULL NAME) (DATE OF BIRTH)

give Harwood Chiropractic permission to release / discuss my relevant
health care information to / with _____.
(NEW HEALTH CLINIC)

Signed _____ Date ____ / ____ / ____

HARWOOD CHIROPRACTIC

Shop 8/53 Torquay Rd,
Pialba QLD 4655
Call....(07) 4124-2828
Fax.....(07) 4124-8064
care@harwoodchiropractic.com.au