



**harwood**chiropractic  
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 \_\_\_\_\_ permission to release / discuss  
(PREVIOUS HEALTH CLINIC)

my relevant healthcare information to / with Harwood Chiropractic.

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **HARWOOD CHIROPRACTIC**

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