

Application for medical records relating to adoption

In 1987, after the Adoption Agency that operated within the Women's formally closed, all records pertaining to adoptions arranged by the Royal Women's Hospital were transferred to Community Services Victoria.

The Women's does not hold any records relating to adoptions and is unable to help find information about relinquished babies, birth mothers or adoptive parents. Enquiries about adoptions arranged by the hospital must be directed to [Adoption Information Services](#), within the Victorian Department of Justice. [Family Information, Networks and Discovery \(FIND\)](#) can also assist people who were adopted in Victoria to access information and records about their adoption.

The Women's can offer access to the obstetric medical records of women whose babies' were adopted post 1960; and for adoptions between 1888 and 1959, we can provide the date, time, weight and length of babies delivered.

We acknowledge how significant this information can be for individuals affected by past adoption practices. The Women's offers this service to the mothers and children affected by adoption at no cost.

Please complete the form overleaf and attach relevant supporting documents.
Forms can be emailed to foi@thewomens.org.au or posted to:

**Freedom of Information
Health Information Services
The Royal Women's Hospital
Locked Bag 300
Parkville VIC 3052**

Request for Medical Records Relating to Adoption Application Form:



the women's
the royal women's hospital

Section 1 - Applicant details

Surname: Given names: Date of birth:/...../.....
Phone number(s) Email:
Address:
Suburb: State: Postcode:

Section 2 – Patient details (i.e. birth mother, section to be completed if not the same person as applicant)

Birth mother's surname: Given names: Date of birth:/...../.....

Section 3 – Consent and required documents to attach (If you are both patient and applicant please complete 3a only. If you are requesting the patient's records please complete consent for either 3b, 3c or 3d and attach the requested documentation.)

3a I am the patient and would like to access my own records of antenatal care/my delivery

Applicant signature Date:/...../.....

Please attach a copy of your photo ID along with this application form.

OR

I am the biological child of the patient, I would like to access the records of my birth mother and...

3b I have the signed consent of the patient (birth parent) to access their record.

Patient's signature Date:/...../.....

Please attach a copy of your photo ID, signees ID, pre and post adoption birth certificates along with this application form.

OR

3c The birth mother is deceased – I have the signed consent of the senior next of kin to access the patient record.

Next of kin signature Date:/...../.....

Please attach a copy of your photo ID, signees ID, pre and post adoption birth certificates and death certificate of birth mother along with this application form.

OR

3d I am unable to provide consent for access to the patient's (birth parent's) record and I am willing to receive a redacted copy of the medical record with only information about me as a baby viewable.

Applicant's signature Date:/...../.....

Please attach a copy of your photo ID and pre and post adoption birth certificates along with this application form.

For further information, if your circumstance does not reflect the options on this form, or if you have paid for access in the past for your adoptive medical records please contact our FOI department on (03) 8345 2610 or email us at foi@thewomens.org.au