



REQUEST FOR MEDICAL RECORDS

DATE...../...../.....

DEAR DOCTOR:.....

SURGERY:

Phone:..... Fax:.....

We wish to advise that the patient(s) listed below are now attending our practice. This form authorises for their medical records to be forwarded to General Practice Plus and to ensure continuity of care, it is requested that their medical records be transferred to us as soon as possible please.

PATIENT NAME:.....D.O.B:...../...../.....

PATIENT NAME:.....D.O.B:...../...../.....

PATIENT NAME:.....D.O.B:...../...../.....

PATIENT NAME:.....D.O.B:...../...../.....

PATIENT ADDRESS:.....

Patient or Guardian name.....

Patient or Guardian signature.....

We prefer a Health Summary, together with any relevant specialist/allied health provider letters. As we are an electronic practice any data not required will be destroyed. Please **do not** send original records.

Thank you

EPC ITEM NUMBERS	IF COMPLETED, PLEASE NOTE DATE/ ITEM NO
GPMP ITEM 721 OR REVIEW GPMP 732	
TCA 723 OR REVIEW TCA 732	
MENTAL HEALTH CARE PLAN	
MENTAL HEALTH CARE PLAN REVIEW	
HEALTH ASSESSMENT	

S:\RECEPTION FOLDER\POLICY AND PROCEDURES\TRANSFERRING PATIENT RECORDS