

## REQUEST FOR MEDICAL RECORDS TRANSFER

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I authorise (name of Previous Clinic) \_\_\_\_\_

**Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Ph:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Patient full name (print)	Address	DOB
Other family members (if under 18 years of age)	Address	DOB
<p><b>The above mentioned now attends this practice. To assist in their future medical management.</b></p> <p><b>Would you kindly forward: (tick option)</b></p> <p><input type="checkbox"/> My health record / summary</p> <p><input type="checkbox"/> My clinical records</p> <p><input type="checkbox"/> All relevant correspondence and results,</p> <p><input type="checkbox"/> Details of any Care Plans, Cycle of Care or Mental Health Plans from the last 2 years</p>		
<p><b>These records can be forwarded by:</b> (tick option)</p>		<p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Fax</p>
<p><b>Or electronic version format should be:</b></p>		<p><input type="checkbox"/> XML format compatible with MD 3</p>

Yours sincerely,

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_