



## Request for GP Medical Record Transfer

This form is used when a patient is transferring their GP care to The Neighbourhood Clinic. For patient or third party access to medical records, ask Reception for an alternate form.

### ADDRESSEE

To Dr:	
Clinic:	
Address:	
Fax:	
Email:	
Phone:	

The patient below is now attending The Neighbourhood Clinic and has asked me to obtain the following records from you so that I can facilitate continued medical care.

### PATIENT DETAILS

Given name/s:	Surname:
DOB:	Medicare No:
Address:	
<i>I consent and agree to this request.</i>	
Patient signature is required for adults or under 18 mature minors. Parent/guardian signature is required if patient is a child.	
Patient consent/signature:	Date:

### HEALTH INFORMATION REQUESTED

If you are using Best Practice software, please forward the **ENTIRE PATIENT RECORD** to us in XML format via a protected digital method, on a disc or USB.

If you do not use Best Practice, please send us **ONLY** the below documents in PDF format via a protected digital method.

- Health Summary
- Investigation results from last 2 years
- Correspondences from last 2 years
- Recalls and reminders
- GPMP/MHP

Thank you for your cooperation.

Yours sincerely,

Dr. \_\_\_\_\_ (Name)