

# Transfer request for medical records

Date: \_\_\_\_\_

Transfer from - previous Doctor/ Specialist: \_\_\_\_\_

Address of previous Doctor:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone no. \_\_\_\_\_ Fax no. \_\_\_\_\_

Dear Doctor, the following patient/s are now attending this clinic, would you kindly provide:

- Relevant detailed health summary
- Current medications list
- Specialist letters (up to 5 years)
- Dates of any recent CDM appointments (including health checks and care plans)
- Pending recalls (including CST, Colonoscopy & FOBT)

\*\* please provide by fax (08) 8376 7395

Name of patient/s:

\_\_\_\_\_ D.O.B. \_\_\_\_\_  
 \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 \_\_\_\_\_ D.O.B. \_\_\_\_\_

I authorise the release of medical information and my files to be sent to The Health Hub Family GP.

Signature of Patient/s: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Yours sincerely

\_\_\_\_\_  
 DR ( )

Provider No.

\*\*\* Please note some clinics may charge an administrative fee to process this request \*\*\*