Transfer of Medical Record Request To:

147 Montacute Road, Newton SA 5074
Phone: 8360 9777 Fax: 8365 6433

Name of Previous Practice: ……..

Doctor's Name: ……

Practice Address: ……..

Phone: …… Fax: …… Email: ……

Dear Dr ……,

The following patient/s is/are now attending East Adelaide Healthcare and have requested that copies of relevant information from their medical history be forwarded to us. This will greatly assist us with their ongoing medical management.

Name …… D.O.B ……

Address ……

Could you please also advise the dates of any assessment and/or reviews of assessment that may have been completed under your care.

GPMP	Date: ……..	TCA	Date:……..
>75 Health Assessment	Date: ……..	GP Mental Health Plan	Date: ……..
Diabetes Annual Cycle of Care	Date: ……..	Asthma Incentive	Date: ……..
Medication Review	Date: ……..	45-49yrs Health Check	Date: ……..
CMA	Date: ……..		

Please find below the patient's signed authority.

Kindest Regards,
East Adelaide Healthcare

I …….. hereby authorise the release of my medical information held at your surgery to be sent to East Adelaide Healthcare.

Signed: …… Date: ……

All medical records must be sent in hard copy format as we do not have the facilities to transfer from a disk.