

Campbell Medical Practice

2/24 Blamey Place
Campbell ACT 2612
Telephone: (02) 6249 7533 Fax: (02) 6249 7003

REQUEST TO TRANSFER MEDICAL RECORDS

Your previous GP Practice details

Request to Doctor: _____	PHONE: _____
	Name of practice: _____

Dear Dr,

The below patient/s is/are now attending this practice on a regular basis. To assist in the further management of the health of this patient, we would appreciate you forwarding relevant medical records; health summary, latest progress notes, latest blood tests, latest scans and all specialists reports.

If your practice uses Medical Director, we prefer files to be sent on a disc in XML format. All other medical software we would appreciate if you could send a PDF version or a hard copy paper file.

We DO NOT accept HTML format or USB devices for transfer of medical records.

Thank you for your assistance.

Please note patients over the age of 16 MUST sign for themselves.

Patient full name:
Patient date of birth:
Patient address:
Patient signature:
<i><u>*For patients under the age of 16 years old:</u></i>
Parent/Guardian Name:
Parent/Guardian Signature:

*****PLEASE NOTE: CHANGE OF ADDRESS*****

Campbell Medical Practice is fully compliant with all Commonwealth and Territory Privacy Legislation requirements. To obtain a copy of our privacy policy, please ask at reception or, alternatively, it is available on our website.