

Transfer of Medical Record Request To:



337 Payneham Road, Marden SA 5070
Phone: 8362 2233 Fax: 8362 9716

147 Montacute Road, Newton SA 5074
Phone: 8337 4580 Fax: 8365 6433

Name of Practice records to be transferred from:

Doctors Name:

Practice Address:

Phone: Fax:

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,

Gina Bilibio
Practice Manager

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

Signed: Date: