

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: _____
	FAX: _____

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 Helix, we require files to be sent in PDF 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 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>*For patients under the age of 16 years old:</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.