



WARRAGUL
170 Normanby Street
Warragul VIC 3820
Ph: 03 5622 3377
Fax: 03 5623 6079

DROUIN
61 Commercial Place
Drouin VIC 3818
Ph: 03 5625 5044
Fax: 03 5625 1655

REQUEST FOR MEDICAL RECORDS TRANSFER

The following patient is now attending Central Clinic. To assist in the future management of this patient, kindly forward a COPY of their clinical records and an accurate health summary. Including the following in particular if applicable:

- DATE OF LAST HEALTH ASSESSMENT
- DATE OF TEAM CARE ARRANGEMENT (ITEM 723)
- DATE OF GP MANAGEMENT PLAN (ITEM 721)
- GP MENTAL HEALTH CARE PLAN (ITEM 2713, 2715)

- History can be electronically exported using XML format from Best Practice if using Saffron SP1 Edition version. If not using Saffron version please send as hard copy.
- PLEASE DO NOT SEND AS HTML
- DO NOT SEND ORIGINAL FILE. ONLY PHOTOCOPIES PLEASE.

PATIENT NAME: _____ **DOB:** _____

Current Address:

Previous Address:

PREVIOUS CLINIC NAME: _____

Address:

Phone:.....

Fax:.....

I wish to remain an active patient at my previous clinic: **Yes / No** *(please circle)*

I hereby authorize the release of my medical records to Central Clinic

PATIENT SIGNATURE: _____

DATE: _____