

## REQUEST FOR TRANSFER OF MEDICAL RECORDS

Date: \_\_\_\_\_

To \_\_\_\_\_ (Doctor/Practice Name)

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

I, \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hereby authorise the transfer of copies of my past medical history which are relevant to ongoing health conditions, in particular;

- Patient Health Summary, including all relevant reports, or
- Complete health record

This request is also made on behalf of my dependants as named below:

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dear Doctor, If the Following have been completed, please advise the date performed:

GPMP (item 721)		GPMP (Item 732)	
TCA (Item 723)		TCA (Item 732)	
Mental Health Care Plan		Diabetic Review	
Health Assessments		Medication Review	
45 to 49 Health Check			

**PREFERRED METHOD TO RECEIVE MEDICAL RECORDS  
VIA MEDICAL OBJECTS or XML file on CD**

We use Best Practice software

- Dr Robert Kearney     Dr Tony Scanlan     Dr Stuart Glastonbury

Signature of patient \_\_\_\_\_ Date: \_\_\_\_\_