



Queen Street Medical Centre

## Request for Medical Records Transfer

To: \_\_\_\_\_  
\_\_\_\_\_

Ph: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

Patient	Date of Birth	Medicare Number
Other family members (if under 18 years of age)		

The above mentioned now attends this practice. To assist in their future medical management would you kindly forward a copy of the clinical records as well as advising if/when the following Care Plans were last completed:

GPMP (721/723) - date last completed: \_\_\_\_\_

Review of GPMP/TCA (732) - date: \_\_\_\_\_

Health Assessment - date: \_\_\_\_\_

GPMHP - date: \_\_\_\_\_

### WE ARE A PAPERLESS OFFICE

We use best practice software and request files electronically or on disc in XML format.

### PATIENTS SIGNED AUTHORITY

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

T 02 4474 2222  
45-49 Queen Street  
MORUYA NSW 2537

T 02 4474 5199  
33 Clarke Street  
BROULEE NSW 2637

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