



Queen Street Medical Centre

Request for Medical Records Transfer

To: _____

Ph: _____ Email/Fax: _____

Patient	Date of Birth	Medicare Number
Other family members (if under 16 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
E: admin@queenstreetmedical.com.au

T 02 4474 5199
33 Clarke Street
BROULEE NSW 2637

Review Date 11 February 2023
Next Review 11 February 2024
Megan Jay PST Manager