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Your Family GP

Dr Pritinesh Singh

MBBS, DCH, FRACGP, GCTT, ForScMed, FamMed

Consulting Rooms

140 Mollison St, Kyneton 3444

81g High Street, Woodend 3442

Allied Health Alliance - Nexus Centre, Gisborne 3437

Including Online/ Telehealth

www.YourFamilyGP.com.au

Request for Transfer of Medical Records

Patient details

Title □ Mr □ Mrs □ Ms □ Mast □ Miss □ Dr □ Prof □ Other

Family name: _____

Given name/s _____

Date of birth: _____

Address: _____

Contact Details: _____

Family members to include in transfer

Name:	DOB:	
Name:	DOB:	Signaturë:
Name:		Signaturë:
Name:	DOB:	Signaturë:
	DOB:	Signaturë:

Details of previous clinic to transfer records from

Clinic name: _____

Clinic address : _____

Clinic phone : _____

Clinic fax : _____

Clinic email : _____

This request for medical information is made for the ***transfer of the entire medical record*** kept by the clinic including clinical notes, results, reports, correspondences from specialists, imaging, operation reports, centrelink, workcover, TAC certificates, referrals, care plans, reminders, recalls and any other relevant information that could significantly impact my ongoing care and clinical outcomes at your earliest convenience.

I understand that this may incur an administration fee from the transferring clinic.
I hereby authorize release of my medical history to Your Family GP.

Name of requesting patient:

Signature _____ Date: _____

FILES TRANSFER ACCEPTED in XML format VIA EMAIL ONLY AT reception@yourfamilygp.com.au.

CDs, DVDs and USB including FAX not accepted due to the consideration of the impact on our environment.
Office use only:

Date request made:

Date file received: Date merged onto records: