KINGSWAY
MEDICAL CLINIC
GENERAL FAMILY PRACTICE

5/40 Montclair Ave, Glen Waverley 3150 T: 9560 7366 F: 8799 2368

Dr John Tseng Dr Cho Yee Kim Dr Yvonne Ruan Dr Jun Wei Neo Dr Sai Yan Au Dr Sharmini Amalan Dr Esther Ko

REQUEST FOR MEDICAL RECORDS TRANSFER

To: _____

_____

_____

Phone: _____

Fax: _____

Dear Doctor,

The patient below is now attending our medical practice. Could you please forward details of their medical treatment with you, in the form of either a full copy of their record or an accurate summary including the following if applicable:

- HEALTH ASSESSMENT
- GP MANAGEMENT (721)
- TEAM CARE ARRANGEMNET (723)
- GP MENTAL HEALTH TEATMNET PLAN / REVIEW
- PAP SMEAR
- SPECIALIST REVIEW
- MEDICATION REVIEW
- PATHOLOGY/IMAGING INVESTIGATION RESULTS
- OTHER – PLEASE SPECLIFY _____

Note:

We use Best Practice-please send full medical files on BP. Xml format (prefer copy on disc/paper)

Name: Date of Birth:

_____ _____

Please also include histories of other family members as follows

Child 1: _____ _____

Child 2: _____ _____

Child 3:_____ _____

I give authorisation and consent for the release of the above medical information.

Yours sincerely,

Patient Signature: _____ Date:___/___/_____

Name: _____

Address:_____

_____

_____