surrey street
FAMILY CLINIC

MEDICAL HISTORY TRANSFER REQUEST

Date: .....

To: Doctor / Clinic: .....

Address: .....

.....

.....

Re:

Patient Name: .....

Patient Address: .....

.....

Patient D.O.B.: .....

Additional family members requesting transfer of history:

..... D.O.B. .....

..... D.O.B. .....

..... D.O.B. .....

The above named patient/s have elected to attend Surrey Street Family Clinic for future medical care.

As we are a paperless clinic, please forward a copy of the patient's complete medical history, including correspondence, investigations and consultation records in electronic format, where available.

If a complete medical history is unable to be sent, please forward a suitable health summary and additionally include the following information (where relevant):

Date of Last Health Assessment	Date of last GP Management Plan / Reviews (721 or 732)
Immunisation History	Date of last Team Care Arrangement / Reviews (Item 723 or 732)
Copies of Specialist Letters	
Completion date of 45-49 Health Check	Date/s of Mental Health Care Plans / Reviews

If sending information electronically, we prefer the following formats:
Best Practice: Complete medical history in XML Format (CD/DVD or USB)

Thank you for your care and assistance.

Yours Sincerely,
Surrey Street Family Clinic
2-4 Surrey Street, Mornington, VIC, 3931
Tel: 03 5924 1010
Fax: 03 5911 7112

PATIENT AUTHORITY

I hereby give authority for a copy of my medical history and the medical history of any other listed family members, to be released to Surrey Street Family Clinic in the format described above.

Patient Signature:..... **Date:** .....

Full Name (PLEASE PRINT): .....