



**PATIENT REQUEST FOR MEDICAL RECORDS**

Date of request \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of previous doctor \_\_\_\_\_

Name of previous practice \_\_\_\_\_

Address of previous doctor \_\_\_\_\_

Phone no. of previous doctor \_\_\_\_\_ Fax no. of previous doctor \_\_\_\_\_

**Dear Doctor,**

Re: Patient Name \_\_\_\_\_

Old Patient Address \_\_\_\_\_

New Patient Address \_\_\_\_\_

Patient DOB \_\_\_\_\_

Patient phone number \_\_\_\_\_ Mobile \_\_\_\_\_

The above patient is now attending our practice and has requested that you forward their medical records to us and also release any CDM net information. If you are using that Medical Director software, we would appreciate the notes being sent on a disc in XML format. Otherwise if you would be kind enough to send only a brief summary including any recent or relevant letters. Please note if sending a complete file or over 10 pages- please no paper, disk only.

Please also fill out the below history for this patient in the table provided.

PLAN ITEM	IF COMPLETED PLEASE NOTE ITEM NUMBER AND DATE WHEN LAST CLAIMED
1. GPMP (ITEM 721)	
2. TCA (ITEM 723)	
3. GPMP OR TCA REVIEW (ITEM 732)	
4. MENTAL HEALTH ( ITEMS 2700-2717)	
5. HEALTH ASSESSMENT (ITEMS 701,703, 705)	
6. ASTHMA CYCLE OF CARE (ITEMS 2546,2552,2558)	
7. DIABETES CYCLE OF CARE (ITEMS 2517,2521,2525)	
8. ANY RECENT CERVICAL SCREENING	

**Patient Authority**

**I, (print patient name) \_\_\_\_\_ hereby authorise the transfer of my confidential health records to Main Street Medical Centre, Merimbula, NSW 2548**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**

**Regards, Main Street Medical Centre- Merimbula**