



Cowra Medical Associates

165 – 169 Kendal Street
Cowra, NSW, 2794
Phone: (02) 6341 1400
Fax: (02) 6341 1410

TRANSFER OF RECORDS REQUEST

Please Note:

- This Practice uses **MEDICAL DIRECTOR**, please place all records on a disc as **XML File** only.
- Please send as **PDF or Paper File** if your practice uses another programme, **we do not accept Best Practice files on Disc**

Date: _____

Practice name: _____

Address: _____

Phone:

Fax:

AUTHORISATION

I, _____ **D.O.B:** _____

Authorise the release of my confidential medical history, notes, billing history and any reports, and also those of my associated family members (if applicable) as listed below to the Kendal Street Medical Services.

Patient signature: _____

(Patients 16 years and over need to sign this form for release of their files)

Name _____ DOB: _____ Signature: _____

Name _____ DOB: _____ Signature: _____

Name _____ DOB: _____ Signature: _____

Name _____ DOB: _____ Signature: _____

Patient(s) new contact details listed below:

Address:

Home:

Mobile:

If payment is required for transfer of notes (complete file) please contact the patient directly.

We request kindly for you to forward the practice:

- a current health/medication summary
- any relevant correspondence or pathology results.

In order to hand over full care to the practice, could you please list below any current recalls for the patient(s):

Recall	Date Added	Date Due
.....		
.....		
.....		
.....		
.....		

Please inform the practice if the patient(s) have any of the following as listed below:

- GPMP/TCA created (721,723):** _____
- GPMP/TCA review (732,732):** _____
- Health Assessment (700):** _____
- Aboriginal Health Assessment (715):** _____
- Mental Health Plan / Review (2710 / 2712):** _____

Yours faithfully,

Kendal Street Medical Services