



8 Main North Road
BLAKEVIEW SA 5114
Ph: 8254 6888 Fax: 8254 6154
ABN 54 636 608 190
Email: blakeview@onehealthcare.org.au

**REQUEST FOR
TRANSFER OF MEDICAL RECORDS**

Dear Dr.....

Medical Centre Name & Address:

..... Ph:..... Fax:.....

Re: (Patient Name)

Date of Birth:

Address.....

.....

The above patient is now attending our practice and requests that his/her/their medical records, including any relevant specialists', imaging and pathology reports be forwarded to the above address.

To assist us with the patient's ongoing care, please provide us with the following information with the relevant dates, if any:

- Health checks & assessments
- Care plan details
- Medication Reviews
- Other information as deemed fit.

If you are able to send the records electronically, please do so.

Thank you.

Patient authorisation

I hereby authorise (Dr Name/Practice Name)
to release copies of all relevant details from my medical records to One Healthcare – Blakeview, 8 Main North Road, BLAKEVIEW. SA 5114.

Please include the following family members:

Name	Date of Birth	Signature (if over 14 years)
.....
.....
.....
.....

Patient/Guardian signature..... Date.....