

Hatherley Medical Centre

Request to Transfer Medical Records to

Suite 1/52 Hatherley Parade, Winthrop 6150 Ph: 9310 4400 Fax: 9200 6291

Email: admin@hatherleymedical.com.au

Healthlink id: hathermd

Date: _____

Request to: _____

Fax Number: _____ Phone No: _____

Please be advised the Patient(s) listed below will be attending our Medical Centre.

To ensure continuity of care, it is requested their medical records be transferred to our centre by either: Registered Mail, email: admin@hatherleymedical.com.au. If you use Best Practice software our preferred method is to receive files electronically in XML format.

Should a fee apply for transferring patient's medical records we ask that you please inform the patient of these fees.

Surname: _____

Address: _____

First Name: _____ Signature: _____ DOB: _____

First Name: _____ Signature: _____ DOB: _____

First Name: _____ Signature: _____ DOB: _____

First Name: _____ Signature: _____ DOB: _____

EPC Item	Completed Yes/No	Date next due
GPMP created (item 721)		
TCA created (item 723)		
Last MP Review / TCA review (732)		
Health Assessment (Items 701,703,705,707)		
Home Medicine Reviews (item 900)		
Mental Health Plan (item 2715, 2717, 2712)		

**Please note that all patients over 16 must sign to authorise transfer of their medical records.*

Doctors Signature:	Date:
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Thank you in advance for your assistance.