

CRAFTER MEDICAL CENTRE

140 Belair Road

HAWTHORN SA 5062

Ph: 8272 5533

Fax: 8373 4419

MEDICAL RECORDS REQUEST

Date: _____

Transfer from: Dr. _____

Surgery Name and address: _____

RE: Patient name: _____

Address: _____

Date of birth: _____

Other family members

Patient name: _____

Date of birth: _____

Patient name: _____

Date of birth: _____

The patient(s) named above are now attending Crafter Medical Centre. Would you please provide us with a complete copy of their medical records (if you have Best Practice or Medical Director, please provide notes on CD in XML format), to assist us with their ongoing care.

Could you please provide dates of previous assessments or reviews if applicable.

GPMP: _____ Date: _____

TCA: _____ Date: _____

GP Mental Health Plan: _____ Date: _____

Home Health Assessment: _____ Date: _____

Other: _____ Date: _____

Thank you.

I _____ authorise the release of medical information from my files to be sent to the Crafter Medical Centre.

Signed: _____ Date: _____