



# KINGSCLIFF BEACH MEDICAL

40 Marine Parade  
Kingscliff, NSW, 2487  
Phone: 02 6674 3266 Fax: 02 6674 3300

## TRANSFER OF MEDICAL HISTORY REQUEST

Date: ...../...../.....

Patient Name: ..... DOB: ...../...../.....

Current Address: .....

Previous Address: .....

Telephone Number/s: .....

Attention:(Doctor) .....

(Doctor's Address) .....

Telephone No: ..... Fax No: .....

### Other Family Members:

Name: ..... Signature..... DOB:...../...../.....

Name: ..... Signature..... DOB:...../...../.....

Name: ..... Signature..... DOB:...../...../.....

The above patient/s, whose signature appears below, has requested that this practice continue management and the management of the family members listed. In order to ensure continuity of care, we would appreciate a copy of the following.

- Health Summary
- Specialist Letters
- Pertinent Investigations
- GP and or TCA and or Mental Health Plan

As mailed paper file OR computer file on disc in XML format.

- Patient has requested the complete medical record.

As mailed paper file OR computer file on disc in XML format.

If you do charge a fee for files to be transferred, please invoice the patient at their current provided address.

Thank you for your assistance with the ongoing care of this patient.

**I give authority for a copy of my medical history, and the medical history of the listed family members, to be released to Kingscliff Beach Medical in the format described above.**

Signed: ..... Date: ...../...../.....