



Patient Request for Access or Transfer of Personal Medical records

To Whom It May Concern

The following patient is now attending Grove Family Health. To assist us with this patient's ongoing care, please arrange for the transfer of medical records as authorised below. We use Best Practice, so please send full medical files on BP .xml format. Or send a PDF copy via email. We also accept faxed and mailed records.

Our Details:

281 Torquay Road, Grovedale, VIC 3216

Fax: (03) 4245 2191

email: reception@grovefamilyhealth.com.au

Patient:

First Name _____ Middle Name _____

Surname _____

Home Address _____

_____ State _____ Postcode _____

Date of Birth _____ Contact telephone number _____

Children < 18 yo			
DOB			

Previous practice details:

Name	
Phone and Fax	
Adress	

If the patient has had a GP Management Plan, Team Care Arrangement, Health Assessment or Mental Health Care Plan completed at your Practice could you please send the most recent of these documents. For all female patients, could their Pap Smear results also be included.

Signed: _____

Date: _____