



34 Landsborough Parade  
Golden Beach Qld 4551  
Phone: 07 5492 1044 Fax: 07 5492 3674

### Patient History Transfer Request

Date: \_\_\_\_\_

Doctor: \_\_\_\_\_

**Medical Centre/Hospital:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Re:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Re:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

Dear Doctor,

The above-named patient(s) are now attending Golden Beach Medical Centre.  
To assist with their continuing care, it would be appreciated if you could please forward a copy of their medical history, in particular,

- Summary     Results     Procedures     Letters     Other.....

**Can you please also forward any Health/Care Plans completed:**

GP Management Plan            Yes/No Date .....  
Team Care Plan                    Yes/No Date .....  
Mental Health Care Plan        Yes/No Date .....  
Health Assessment                Yes/No Date .....    Over 75+, 45-49yo, ATSI, 4yo kids check

**Special Note: If sending electronic files, please send in XML Format or via Medical Objects.**

I hereby give consent for my medical records to be released to Golden Beach Medical Centre.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Yours faithfully,

**Requesting Dr** \_\_\_\_\_ **Signature: per** \_\_\_\_\_