

# Request for Medical Records Transfer

Date: \_\_\_\_\_ Clinic Name: \_\_\_\_\_ Fax: \_\_\_\_\_

<b>Patient Surname:</b>	<b>First Name:</b>	<b>DOB:</b>
<b>Address:</b>		

<b>Other family members</b> (if under 18 years of age)	<b>Address</b>	<b>DOB</b>

<p><b>The above mentioned now attends this practice. To assist in their future medical management. Would you kindly forward:</b> (tick option)</p> <p><input type="checkbox"/> Complete patient health record</p> <p><input type="checkbox"/> An accurate health summary</p> <p><input type="checkbox"/> Specialist Letters</p> <p><input type="checkbox"/> Details of any CDM or PIP Items claimed within the last 2 years.</p> <p><input type="checkbox"/> Copies of current GPMP/TCA</p> <p><input type="checkbox"/> Copy of current diabetes annual cycle of care form</p> <p><input type="checkbox"/> Reminders &amp; Recalls</p>
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<p><b>These records can be forwarded by:</b> (tick option)</p>	<p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Fax</p> <p><input type="checkbox"/> Encrypted email (PKI)</p>
<p><b>Or electronic version format should be:</b> (tick option)</p>	<p><input type="checkbox"/> HTML</p> <p><input type="checkbox"/> XML</p>

I, \_\_\_\_\_ authorise the release of my medical records to Grow Medical.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Yours sincerely**

**Doctor** (insert name of GP)