Dr. Maria Broesel
M.D. FRACGP

Camden South Family Doctors

Inspiring Better Health

2 Berallier Drive,
Camden South NSW 2570
Tel: (02) 4655 6571
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Authority to Transfer of Patient Medical Record

Surgery Name & Address: ……

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Name of Doctor: ……

Tel: …… Fax: ……..

Dear Doctor,

Patient Details

Name: …… DOB: ……./……./…….

Name: …… DOB: ……./……./…….

Name: …… DOB: ……./……./…….

Name: …… DOB: ……./……./…….

Name: …… DOB: ……./……./…….

Name: …… DOB: ……./……./…….

We wish to advice that the above mentioned Patient/s is/are now attending this practice. Would you please forward any relevant medical information for future care of patient/s? Could you also please advise us of the dates of any recent Assessment, Reviews or Care Plans, which may have been completed whilst the patient/s was under your care?

GPMP / Review	Date:	MHCP / Review	Date:
TCP / Review	Date:	Diabetes ACOC	Date:
≥ 75 Health AST	Date:	Asthma ACOC	Date:
Medication Review	Date:	45 – 49 Yr. Check	Date:

Comprehensive Medical Assessment Date:

Patient Authority

I hereby give permission for my medical records to be transferred to Camden South Family Doctors.

Signature of patient authorizing release: ……

Date: ……

_____Office Use Only_____

Request Type: (Circle) Urgent Dr. M.B. / C.R. / A.S. CP NP