



Gungahlin Medical Centre
Unit 128/43 Hibberson Street
Gungahlin Square | Gungahlin | ACT | 2912
Phone: 02 6255 0888 | Fax: 02 6255 0818

REQUEST TO TRANSFER PATIENT HEALTH RECORDS

Date:

Name of previous doctor:

Name of previous practice:

Address of previous practice:

Phone number of previous practice (*if known*):

The following patient(s) is now attending Gungahlin Medical Centre and has requested that a copy of their health records be transferred to this practice for their ongoing health care management.

| Patient's Full Name | Date of Birth | Address | Patient's Signature |
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Please note:

We accept paper copies (if short Health Summary) or the file can be exported to disk in XML and HTML format.