

Transfer of Medical Records Request to Signal Health Tusmore



350 Portrush Road, Tusmore SA 5065

Phone: (08) 7118 7789 | Fax: (08) 7118 1922 | Email: documents@signalhealthtusmore.com.au

Previous Practice Details

Doctor's Name: _____ Address: _____

Phone: _____ Fax: _____ Email: _____

Dear Dr. _____,

The patient listed below is now attending Signal Health Tusmore and has requested a transfer of their medical records.

Patient information

Full Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

Type of medical records requested

- A complete copy of the patient's medical records A summary of the patient's medical history.

Please also provide dates of the following (if applicable):

- GP Chronic Condition Management Plan (GPCCMP): _____ / _____ / _____
- GP Management Plan (GPMP): _____ / _____ / _____
- Team Care Arrangement (TCA): _____ / _____ / _____
- Mental Health Care Plan: _____ / _____ / _____
- 75+ Health Assessment: _____ / _____ / _____

Appointment Details & Record Transfer Request

If possible, we kindly request that the records be sent before the patient's upcoming appointment to help ensure continuity of care.

The patient is scheduled to attend Signal Health Tusmore on: _____ / _____ / _____

We accept medical records via Best Practice electronic transfer or in hard copy format. If you use a different clinical software, please contact us to discuss transfer options.

Patient / Guardian Consent

I, _____, hereby authorise the release of the medical records requested above to Signal Health Tusmore.

Signature: _____ Date: _____ / _____ / _____

Please note: Some clinics may charge a fee to transfer your records. This fee will be set by your previous clinic.