

Casuarina Health & Medical
Shop 11, Casuarina Village
482 Casuarina Way
Casuarina NSW 2487
Ph: 02 6674 0888
Fax: 02 6674 0999
reception@casuarinahealthandmedical.com.au



CASUARINA
HEALTH &
MEDICAL

TRANSFER OF MEDICAL HISTORY REQUEST

Date:/...../.....

Attention: (Doctor)

(Doctor's Address)
.....

Patient Name/s:

Name: Signature DOB:/...../.....

Current Address:

Previous Address:

Telephone Number/s:

The above patient/s, whose signature appears below, has requested that this practice continue management and the management of the family members listed. To ensure continuity of care, we would appreciate a copy of the following:

For continuity of care please fax a Health Summary as soon as possible.
AND

Patient has requested the complete medical record.

Our preferred method of receipt is either electronic via Medical Objects or Faxed or USB / Disc in XML format.
(Best Practice software)

OR

Patient has requested copies of the following:

Health Summary
Specialist Letters
Pertinent Investigations

Date of last Annual Health assessment
Date of last Mental Health Plan
Date of last GPCCMP

Other

Patients is now seeing: **Dr Matthew Hainbach - Dr Sarah Cunningham- Dr Jacques du Toit**
(Please circle Dr) Dr Nathan Williams

If you charge a fee for files to be transferred, please invoice the patient at their current provided above address.

I give authority for a copy of my medical history, and the medical history of the listed family members, to be released to Casuarina Health & Medical in the format described above.

Signed: Date:/...../.....