



CENTRE FC
**Health and
 Wellbeing**

**CENTRE FOR HEALTH AND
 WELLBEING**
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TRANSFER OF PATIENT MEDICAL RECORDS FORM

Dear Doctor.....

Medical Centre Name & Address:.....

.....

Telephone..... Fax:.....

Re: (Patient's Name).....

Date of Birth:

Address:

The above patient is attending the Centre for Health & Wellbeing and to assist us with this patient's ongoing care we request that you supply to our clinic the listed relevant health information and forward to the above address via postal mail, fax or email.

Thank you

Full Medical Record •

Health Summary •

Health Assessment Details & last completed Date: •

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GP Mental Health Plan • Initial Plan Date: Review Date.....

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GP Management Plan Initial Plan Date: •..... Review Date.....

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Reminders due Date: •.....

Specialist Letters: •.....

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Blood Results •.....

Other: •.....

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Please be aware that you may be required to pay a fee for the Doctors time in collating your records.

Signed by patient:.....Date:.....