baywest medical centre

11/15 Randall Road
Wynnum West, QLD, 4178
Phone: 07 3396 5309 Fax: 07 3396 2538
admin@baywestmedical.com.au
www.baywestmedicalcentre.com.au

REQUEST FOR TRANSFER OF MEDICAL RECORDS

- ○ Dr Rebecca Levy
  Provider No. 408292CY
- ○ Dr Amanda Cox
  Provider No. 4202766B
- ○ Dr James Smith
  Provider No. 6182764H
- ○ Dr Jane Atkinson
  Provider No. 236300TJ
- ○ Dr Rachel Ng
  Provider No. 421194LY
- ○ Dr Evelyn Clarke
  Provider No. 5591772J
- ○ Dr Kenneth Purdie
  Provider No. 012139FB

Previous Practice Name: _____

Previous Doctor: _____

Phone: _____ Fax: _____

Dear Doctor,

Re: (Patient Name): _____

DOB: _____

ADDRESS: _____

As this patient now attends this surgery, we would therefore be grateful for you to forward relevant past details or information that may be helpful in continuing management as soon as possible.

☐ Patient Health Summary

☐ Full Patient History

☐ Other

☐ Pathology/Imaging provider used: _____

*** Could you also please advise if any of the following item numbers have been performed and the appropriate dates:*

- Chronic Disease Management Plan: Item No. 721 and/or 723 _____
- Review of Chronic Disease Management Plan: Item No. 732 _____
- CVC Program: UP01, UP02, UP03and UP04 _____
- Health Assessment: Item No. 707, 705, 703 _____
- Mental Health Care Plan: Item No. 2715/2717 _____
- Review of Mental Health Care Plan: Item No. 2712/2713 _____

THIS PRACTICE PREFERS TO RECEIVE CORRESPONDANCE BY MEDICAL OBJECTS

I/We authorise the release of my medical records to Baywest Medical Centre.

Signed: _____ Date: _____