Doctor:

Address:

Suburb: State: Post Code:

Phone: Fax:

The following patient/s are now attending Swansea Channel Doctors.

It would be greatly appreciated if you could forward a patient health summary and any recent test results and/or correspondence, for the benefit of the patient/s ongoing care.

**If you use BEST PRACTICE software, could you please EXPORT the entire patient’s file onto a CD in XML format – instead of sending paper records.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Address** | **Consent to release Medical Records** (please sign) |
|  |  |  |  |
|  |  |  |  |

**Please provide the most recent dates for the following assessments/reviews, if applicable.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item No.** | **Date**  | **Item No.** | **Date**  |
| GPMP 721 |  | Health Assessment 701, 703, 705, 707 |  |
| TCA 723  |  | Asthma Cycle of Care 2546, 2552, 2547, 2553, 2558 |  |
| Care Plan Review732  |  | Diabetes Cycle of Care 2521, 2517, 2525, 2620 |  |
| GPMHP 2700, 2701, 2712, 2715, 2717 |  | Medication Review 903, 900 |  |

Thanks for your help in this matter.

Kind Regards

On behalf of the Doctors of

**Swansea Channel Doctors**