



Unit 9/2A Walker Street, Bowral NSW 2576
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TRANSFER OF MEDICAL RECORDS TO WSGP

PREVIOUS GP INFORMATION

Date:	
To Dr:	
Address:	
Fax:	

PATIENT DETAILS

The following patient/family listed below are now attending Walker Street General Practice. They have requested that you please forward to us copies of their medical records at your earliest convenience, including:

- Health Summary • Medication List • Results & Specialist Letters • Progress Notes for the past 2 years

FULL NAME	DATE OF BIRTH	ADDRESS
1.		
2.		
3.		
4.		

*If your practice has Medical Director, please export the file to XML format onto a DISC please.

PATIENT AUTHORITY

Ihereby authorise the above request for the transfer of my medical records to Walker Street General Practice.

Signature of Patient: _____ Date: _____