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PATIENT AUTHORITY TO TRANSFER RECORDS TO WSGP

Previous Practice: _____

Patient Name: _____ DOB: _____

Patient Address: _____

Patient Phone Number: _____

Patient Authority

I authorise you to release my medical records to Walker Street General Practice.

Patient Signature: _____ Date: _____

The above patient is now attending our practice and their medical records will be beneficial for their care. Please copy records digitally to discs in the XML format if using Medical Director. All other programs please copy to disc in HTML format. Alternatively a paper copy of a Health Summary plus relevant recent specialist reports and investigations would also be acceptable

Last Service Provided

Care Plan Item Numbers 721,723 or 732,732 _____

Diabetes Item Number 2521 _____

MHCP Item Number 2717, 2715, 2713, 2712 _____

Health Assessments 701, 703, 705 _____

Outstanding Actions _____

Recalls _____

Kind Regards,
Administration Team
Walker Street General Practice
