



## Request for Medical Records Transfer

To Doctor: .....

Clinic/Hospital  
Name & Address: .....

Fax No.: .....

Dear Doctor

The following patient/family now attend this clinic:

Patient Full Name	Address	DOB

Other Family Members (if under 18 years old)	Address	DOB

To assist in their future medical management. Would you kindly forward (please do not send originals):

- Their clinical records
- An accurate health summary, with relevant correspondence and results
- Other: .....

We are currently using Best Practice software, and are happy to accept compatible records on disk.

Could you please also advise us of the dates of any CDM or SIP assessments and/or reviews which have been completed in the past 2 years under your care:

GPMP	Date:	TCA	Date:
>75 Health Assessment	Date:	GP Mental Health Plan	Date:
Diabetes Annual Cycle of Care	Date:	Asthma Incentive	Date:
Medication Review	Date:	45-49 year old Health Check	Date:

Yours faithfully

Doctor ..... (name of requesting doctor)

Patient Authority: ..... Date: ..... / ..... / .....  
(patient signature)