



Strathmore Family  
Medical Centre

**Authorisation for Transfer of Medical History**

**Previous Medical centre**

Clinic name:

Address:

Phone number:

Fax number:

**Patient/s Details:**

Name:

Date of birth:

Address:

The above patient/s is/are now attending this clinic. Would you kindly forward a copy of their medical record to our clinic, with information that would greatly help us to provide adequate, ongoing care for the patient.

- Full medical History
- Health summary:
- All correspondence out:
- All investigation:
- All correspondence in

**These records can be forwarded by:**

- Mail:
- Fax:
- Non rewritable CD:
- XML:

Please advise the patient if there is any processing fee and the fee is to be billed directly to the patient.

Yours Sincerely

**Patient Authority**

I, \_\_\_\_\_ Herby authorise the release of my Medical history to

**Strathmore Family Medical Centre  
25 Woodland Street Essendon  
Fax: 03 9088 0297**

**Signature:..... Date:.....**