



GLEN FORREST MEDICAL CENTRE

An AGPAL accredited General Practice

4 Hardey Road,
Glen Forrest
WA 6071
Phone: 9298 8555
Fax 9298 8030

Date _____

Details of the surgery you are transferring from:

Doctor _____

Surgery Name _____

Surgery Address _____

Phone Number _____

Fax Number _____

Your details:

Name _____

Date of Birth _____

Address _____

EPC ITEMS DATE BILLED

GPMP
(Item 721)

TCA
(Item 723)

REVIEW
(Item 732)

HEALTH ASSESSMENT:
(Item 701 – 707)

GPMH
(Item 2700 – 2717)

DMMR (Item 900)

Other family members to transfer notes for:

First name _____ First name _____ First name _____

Surname _____ Surname _____ Surname _____

Date of birth _____ Date of birth _____ Date of birth _____

The above patient/s is/are currently attending this Practice, and as such it would be appreciated if you could forward any relevant medical records to us.

Their complete record is usually not necessary but we would appreciate enough information to continue their comprehensive medical care. A Summary of medical history, copies of relevant and recent correspondence and investigations would be ideal.

If possible we would prefer to receive these records electronically via Healthlink (code: glenfore) or in XML format as our practice uses Best Practice software.

Consent for the release of this information is signed below.

Yours truly
Glen Forrest Medical Centre

I consent to my records being sent to the Glen Forrest Medical Centre

Patients Signature: _____

DR. F.S KOTAI
MB BS (WA) DA

DR. T. LAW
MBBS FRACGP MPH&TM DRANZCOG DCH

DR. J.BUCHANAN
MBBS FRACGP FARGP DCH Grad Dip FM

DR. G. HANLY
MBBS (WA) FRACGP

DR M DAYKIN
MB ChB(UK) MRCGP (UK) FRACGP

DR A HARRISS
MBBS FRACGP

DR S BRENNAN
BSc (Hon) PhD MBBS DCH FRACGP