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## TRANSFER OF MEDICAL RECORDS CONSENT FORM

Previous Practice Name: \_\_\_\_\_

Previous Practice Address/ Phone number: \_\_\_\_\_

Dear Sir/Madam,

We wish to advise you that the following patient(s) are now attending this medical practice and would like to have his/her/their medicals records transferred. We would appreciate it if you could send any relevant information which would assist with their continuing care. If your practice uses Best Practice software, we kindly ask if you could export the patient files using XML format\*. Thank you for your assistance.

☒ I hereby authorise the release of my/our medical records to The Practice at Clem Jones Centre.

Patients name:

DOB:

Address:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please include other members of my family (18 years and under) as listed:

Name: <input type="text"/>	DOB: <input type="text"/>
Name: <input type="text"/>	DOB: <input type="text"/>
Name: <input type="text"/>	DOB: <input type="text"/>
Name: <input type="text"/>	DOB: <input type="text"/>

Record to please include:

<input checked="" type="checkbox"/> Full medical history	<input checked="" type="checkbox"/> Investigation Reports
<input checked="" type="checkbox"/> Allergies & adverse reactions	<input checked="" type="checkbox"/> Specialist Letters
<input checked="" type="checkbox"/> Investigation reports / Name of pathology or radiology providers	<input checked="" type="checkbox"/> Previous GP Care Plans or Mental Health Care Plans (721, 723, 2715, 2712, 7215) or dates of these plans

*\*How to export file if your practice uses Best Practice Premier*

*Once a patient record is open, go to the File menu and select Export Patient. Click the Entire Record tick box and make sure that XML is selected as the Export as option, then click Export.*

*On clicking the Export button, the Save As dialogue box will appear on your screen. Please email to: [admin@tpcjc.com.au](mailto:admin@tpcjc.com.au)*

### To be completed by Practice sending files

Date Records Request Received:

Date Records Sent:

Sent by: ☐ Fax ☐ E-mail ☐ Medical Objects

Name of Person completing release:



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