

REQUEST TO TRANSFER MEDICAL FILE/S FROM PREVIOUS GP



IMPORTANT - READ ME FIRST:

1. Your previous GP may charge a fee for the transfer of your medical file. Please liaise with your previous GP to confirm if this is the case and for payment.
2. It can take up to 1 month for patient files to be transferred.
3. Any **patient over the age of 14** (mature minor) needs to complete and sign their own **separate transfer form**.

PREVIOUS GP CONTACT DETAILS

Practice Name:

Practice Address:

Phone:

PLEASE TRANSFER THE FOLLOWING PATIENT FILES:

PATIENT DETAILS

NAME	DATE OF BIRTH
1.	
2.	
3.	
4.	
5.	

Consent from authorised person:

Name: _____ Signature: _____ Date: _____

Please transfer the **complete** medical files (including all correspondence) of the persons named above to Coastal General Practice (9447 0600) as **xml** files **via email to** coastalgeneralpractice@gmail.com