



To:

The following patient wishes to attend this practice. We would be grateful if you could please forward the following to the above address:

- A summary of the patient's medical history
- Relevant pathology results (e.g. ECG, blood tests)
- Details of any assessments conducted in the last 12 months
- Details of any Chronic Disease items (please complete below) and copies of plans.

Item Number	Date Billed
GP Management Plan (Item 721)	
Team Care Arrangement (Item 723)	
GPMP or TCA review (Item 732)	
Health Assessment (Items 701, 703, 705, 707)	
Mental Health Care Plan (Items 2700, 2701, 2715, 2717)	

*** Our preferred method of receiving Health Summaries is via Argus***

Please note that we **do NOT accept** medical histories electronically via other means due to computer software incompatibility.

Name:

Date of Birth:

Previous Address:

New Address:

I give my consent to have my medical records released to The Elms Family Medical Centre

Name: Signature: _____ Date: _____

ALL persons 16 years of age and over are required to sign the release form.
Parent / Guardian to sign for children under 16 years.